EVALUATION OF MODIFIED EARLY OBSTETRICS WARNING SYSTEM AS A PREDICTOR OF OBSTETRIC MORBIDITY

DISSERTATION SUBMITTED FOR

M.S (BRANCH – II)

(OBSTETRICS & GYNAECOLOGY)

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DEPARTMENT OF OBSTETRICS & GYNAECOLOGY

K.A.P.V. GOVT. MEDICAL COLLEGE,

TRICHY

THE TAMILNADU

Dr.M.G.R. MEDICAL UNIVERSITY,

CHENNAI, TAMILNADU.

CERTIFICATE

This is to certify that this dissertation titled **"EVALUATION OF MODIFIED EARLY OBSTETRICS WARNING SYSTEM AS A PREDICTOR OF OBSTETRIC MORBIDITY"** IN MAHATMA GANDHI MEMORIAL GOVERNMENT HOSPITAL, TIRUCHIRAPPALI is the bonafide work **of DR. RADHA.R,** Post graduate M.S. Obstetrics and Gynaecology, Department of Obstetrics and Gynaecology, K.A.P. Viswanathan Government Medical College and hospital, Trichy and has been prepared by her under my direct supervision and guidance. This has been submitted in partial fulfillment of regulations of Dr. M.G.R Medical University regulations, for the award of M.S Degree in Obstetrics and Gynaecology, to my satisfaction.

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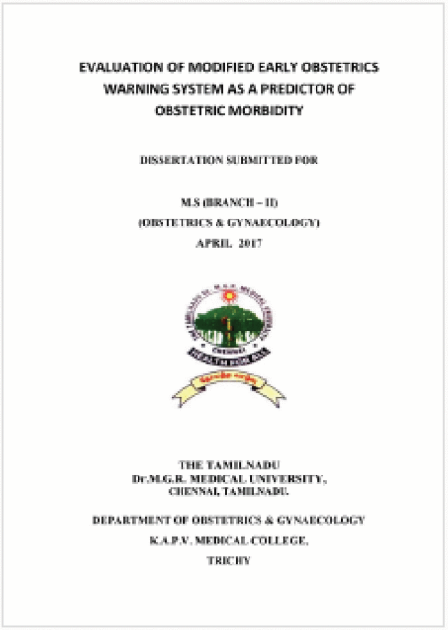

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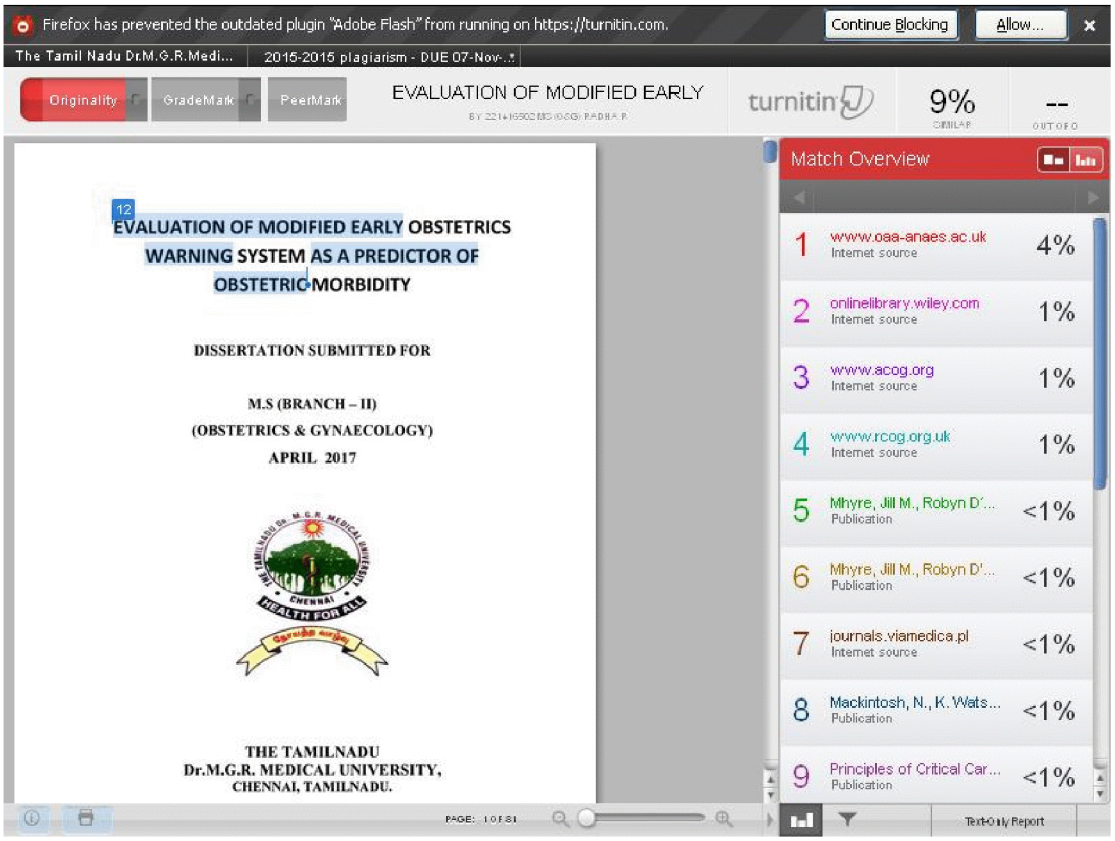
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INTRODUCTION

The development of maternal early obstetrics warning systems as a predictor of maternal morbidity from simple bedside observation charts arose from the knowledge that physiological abnormalities precede almost all critical illnesses which lead to maternal mortality. It is thought that early intervention in correct time will result in an improved outcome in high risk mothers[1],[2]. The MEOWS is a simple bedside screening tool for assessing maternal morbidity. Screening identifies the individuals who are likely to have morbidity, whilst a diagnostic test seeks to confirm its presence definitively[3].

In the United Kingdom there has been a small but welcome decline in maternal death rates against a backdrop of increasing birth rates and an older and less healthy population of mothers[4,5]. However for every maternal death, nine women developed major obstetric complications including haemorrhage, preeclampsia and its complications, sepsis, pulmonary edema and thromboembolism. A confidential enquiry into the maternal deaths in the UK identified substandard care in a number of cases[6], [7] . Many of the avoidable factors such as lack of routine observations and failure to recognise the significance of deteriorating vital signs remained the same as those identified in the previous enquiries. To reduce this delay, there have been calls for a modified early obstetric warning systems for

routine use in all pregnant or postpartum women who have been admitted to hospital and require obstetric care[8]. Use of MEOWS is now included in maternity risk management standards set by the National Health System litigation authority[9].

India being the second most populous country of the world with the fast changing socio-political-demographic patterns that have been drawing global attention in recent years. Worldwide an estimated five lakhs woman die as a result of pregnancy each year. Approximately one quarter of all pregnancy and delivery related maternal deaths worldwide occur in India. This tragic picture has only gradually become clearer largely as a result of a growing number of good community surveys conducted since the mid 1970's which drew attention to the unexpectedly high rates of maternal mortality and severe morbidity.

Women in rural India are suffering primarily because of the inability of the health personal managing in rural health centres to recognise clinical symptoms in time, resulting in their failure to diagnose and delayed referral to a higher center contributes to majority of the maternal deaths. For every woman in India who die due to pregnancy related complications, there are twenty who suffer from acute and chronic morbidity, some of them are life-threatening.

In addition, to complications in pregnancy which existed in the past, Diabetes and various other medical disorders complicating pregnancy which is of raising trend, and mental sufferings due to anomalies identified in late trimesters all contributes to maternal morbidity and mortality. “Earlier the mother died at home or in between home and a health care centre. Now they die between a primary health centre and referral institution". Because the persons attending a Primary centre lacks sufficient skills to recognise early signs and symptoms of all complications timely.

In India, cities have on an average 9-13 doctors per 10,000 population, the number dips to 2-3 doctors in the rural side. Nurse density is down by one-third in villages compared to cities, according to Union health ministry December 2012 data. While the maternal mortality ratio improved from 254 in 2004-06 to 212 in 2007-09 per 100,000 live births,178 per 100,000 live births in 2013, its still way above India’s target of 150 as per the Millennium Development Goals.

Majority of the study about MEOWS have come from the UK , where they have found to be a useful method of monitoring and targeting high risk groups. We have made such an attempt in our institution to formulate and identify the high risk groups with the usually used bedside observation and routine blood investigations.

AIM OF THE STUDY

To evaluate the modified early obstetric warning system as a tool for predicting maternal morbidity by measuring its sensitivity, specificity and predictive value of various parameters which are used to assess various maternal morbidities diagnosed during this study period. This is to provide guidance for staffs who were involved in the maternity services on recognising and monitoring the obstetric patient using the MEOWS chart. This will enable early recognition of deterioration; advice on the level of monitoring required by each patients, facilitate better communication within the multidisciplinary team and ensure prompt management of any women whose condition is deteriorating.

REVIEW OF LITERATURE

CERTAIN KEY FACTS ABOUT MATERNAL MORTALITY:

- Every day, approximately 830 women die from preventable causes related to pregnancy and childbirth.
- 99% of all maternal deaths occur in developing countries.
- Maternal mortality is high in women living in rural areas and among women with low socioeconomic status.
- Higher degree of complications and death as a result of pregnancy was faced by Young adolescents and elderly gravidas.
- Skilled care in all women before conceiving, during pregnancy and after childbirth can save the lives of significant number of mothers and newborns.
- Worldwide between 1990 and 2015, maternal mortality rate has dropped by about 44%.
- Between 2016 and 2030, as part of the Sustainable Development Agenda, the target is to reduce the global maternal mortality ratio to less than 70 per 1,00,000 live births.

HISTORY OF DEVELOPMENT OF MEOWS SYSTEM

When The King's Fund launched its inquiry into the safety of maternity services in 2006, there was great concern following a number of high-profile failures in maternity care. The inquiry panel of experts from outside the maternity services brought a fresh prospective issues with expertise in ethical issues, regulation of maternal services, and inquiry into various aspects of patient safety. Their report on Safe Births is Everybody's business (The King's Fund 2008), made a series of recommendations about how safely maternity care services can be emphasised. They drew ideas from previous works on patients safety , although widely accepted in other clinical areas, and was less familiar to those working in maternity care services. Despite the focus was on safety within maternity care, the approach tended to be retrospective investigation into the incident and learning from past mistakes ,rather than a prospective approach for assuring safety by putting in place reliable systems of care. The King's Fund report was one of the many reports that have highlighted some of the reasons for failings in necessary care in appropriate time. The Confidential Enquiries into maternal deaths in the United Kingdom have investigated all maternal deaths for many years and, through their case reviews, have highlighted some of the critical underlying causes for maternal death (CMACE

2011). The Healthcare Commission has published a review of maternity services in 2008. Through its casework the National Health Service Litigation Authority identifies factors which reduces the likelihood of adverse events and these are reflected in the Clinical Negligence Scheme for Trusts (CNST) standards in NHSLA 2011. Both the Royal College of Obstetricians and Gynaecologists and the Royal College of Midwives promote standards and produce guidelines to promote high-quality care for women during prenatal, antenatal, and postnatal period. The King's Fund was committed to see through all these recommendations. With their partners [the Royal College of Obstetricians and Gynaecologists, the Royal College of Midwives, the Healthcare Commission, the NHS Litigation Authority, the Centre for Maternal and Child Enquiries (CMACE) and the National Patient Safety Agency], they took the recommendations on the road and tested them out at multidisciplinary maternity services centre. There was frustrations among the staff who were working on their own initiatives to translate guidelines into practical tools, who didn't have enough time to train subordinates, and they felt bad for the lack of adequate staff most of the times , they felt overburdened by inspections and regulations .They produced action plans for every national report but never had the chance to implement them. It was clear that teams needed support to make these changes to

happen. As a result they launched the Safer Births programme, combining the expertise of The King's Fund with that of their partners. they selected 12 trusts to join the programme, and they took it into account the experiences and lessons from those organisations. The impact on the changes they have made are not easily measured in terms of outcomes of care, they have put in place many of the measures that the original Foreword inquiry has recommended as essential for patient safety and care. Most of them are clear about their shared objectives of safer care for both mothers and babies and their roles within their wider team. They communicated effectively, they had trainings together where they work, including in the community. They ensured staff with the right level of experience are available to meet demands, they recorded the informations clearly and used protocols to ensure that guidelines are followed, they collected and reviewed information on their performance and they are supported by their respective boards. Not all the teams have achieved all of this and they acknowledged that they have to go further to sustain the changes they have made. Many maternity services continued to face challenges and this will only increase the financial pressures on the NHS. However, many of the changes described here do not need additional funding. Only thing they need is time, commitment, leadership and a bit of skill from training and experience, they should

know how to execute right things in right time, place in a correct way. With the hope that the tips and tools in this resource will help us to implement changes that will deliver benefits to mother and newborns under our institutional our care [10].

MEOWS was introduced to obstetric units in the United Kingdom to decrease maternal mortality by improving early detection of clinical signs of deterioration in women who were developing critical illnesses. Earlier warning scores have been used successfully in other areas, such as acute medicine, however these scores could not be transferred to obstetric patients because of the normal physiological changes that occur during pregnancy. The MEOWS has been modified for the obstetric population that needs to have predictive ability for conditions such as sepsis, haemorrhage and pre-eclampsia, and to reflect the physiological changes associated with pregnancy and the early postnatal period[11].

The parameters of the MEOWS chart accounts for this. The existing Joint Commission standardised requirements of hospitals to have a protocols for identifying early warning signs of deterioration by the staffs and to seek assistance if this occurs. A sentinel event alert concerning increasing rates of maternal mortality in the United kingdom recommends that specific changes in maternal vital signs and clinical condition should trigger a predetermined response[12].The tool has been designed for the

obstetric population and used in the United Kingdom; maternal deaths are decreasing and evaluations about MEOWS are going on .

MEOWS is an innovative approach to care in the field of obstetrics. It is not currently widely used in America early but now a days they are using The maternal early warning criteria which was drawn from MEOWS , by deleting temperature ,and pain score and adding oliguria as an additional measure; however, the United Kingdom is striving to make this the gold standard across all obstetric units. In a validation study, MEOWS had high sensitivity in predicting morbidity (89%) and reasonable specificity (79%) supporting its use for obstetric patients. The philosophy behind MEOWS reflects that the majority of validated obstetric emergency training courses, such as PROMPT, More OB, ALARM, and ALSO, encourage recognizing risk at the most earlier, and implementing a coordinated approach to manage emergencies, it is more focused on open communication, and working in coordination within a multidisciplinary team.

MEOWS is encourages innovative practice, multidisciplinary work, and evidence-based practice. MEOWS can be done as paper-based or as a part of an electronic medical record and provides us a standardized approach to the assessment of maternal well-being. It has been incorporated

into the rapid response policy, which ensures clarity of staff roles and responsibilities.

The use of a pathway-specific maternal early warning tool results in significant reductions in both severe maternal morbidity and composite morbidity, write Laurence E. Shields, MD, Maternal Fetal Medicine, Marian Regional Medical Center, Santa Maria, and the Department of Patient Safety, Dignity Health, San Francisco, California. "These data support the recommendations from The Joint Commission, the National Partnership in Women's Health, and others that this type of tool should be used to improve timely assessment and treatment of maternity patients.

Several early warning tools are currently in use. "In Great Britain the modified early obstetric warning system has been proposed and in the United States the National Council for Patient Safety recently proposed the use of the maternal early warning criteria (MERC). Although the use of these tools is widely supported, there are no uniform criteria for inclusion or exclusion of various parameters, what degree of abnormality should be used to measure trigger as more severe or less, mode of treatment as aggressive or less and intervention at what time, and early warning tool was specifically designed to address the four most common causes of maternal morbidity such us hemorrhage, preeclampsia, sepsis, and

cardiovascular dysfunction. Only the MEOWS has been prospectively tested to evaluate if their use will result in decreased maternal morbidity[13] .

Critical illness is an uncommon but potentially devastating complication of pregnancy (Baskett, 2008) [14]. It may be devastating, not only for the woman who becomes ill, but also for her family and for those healthcare professionals responsible for her care. At its most extreme, critical illness may lead to the death of the woman during pregnancy or shortly afterwards. The Confidential Maternal Deaths Enquiry published in 2012 confirmed that Ireland continues to have a low maternal mortality ratio by international standards. However, there is no room for complacency and efforts to improve the quality of clinical care in the maternity services must be continually renewed.

Critical illness in pregnancy may be due to conditions unique to pregnancy, due to conditions exacerbated by pregnancy or due to coincidental conditions. This is reflected in the classification of maternal deaths into direct, indirect and coincidental deaths (CMACE, 2011). The conditions unique to pregnancy include obstetric haemorrhage, pre-eclampsia/eclampsia, pulmonary embolism, chorioamnionitis/endometritis, uterine rupture, APH and acute fatty liver of pregnancy [15].

It has been estimated that for every maternal death there are around nine women who develop severe maternal morbidity (Plaat and Naik, 2011)[16] . In a study of severe maternal morbidity for 2004-5 in the three Dublin maternity hospitals, the rate of severe maternal morbidity was 3.2 per 1,000 maternities (Murphy et al, 2009) [17]. The commonest cause was haemorrhage. A national review of postpartum haemorrhage in Ireland over 11 years between 1999 and 2009 found that there were increasing rates of atonic postpartum haemorrhage (Lutomski et al, 2011)[18] .

As critical care has evolved worldwide, attempts to identify the deteriorating patient clinically at the most early has led to the introduction in hospitals of Early Warning Scores (Smith et al, 2013) [19]. In Ireland, this has led to the National Early Warning Score (NEWS) being developed in collaboration with the HSE Acute Medicine Clinical Care Programme. The NEWS was also the first guideline to be approved by the National Clinical Effectiveness Committee and it was launched in March of 2013 by the Minister for Health Dr James O"Reilly.

In 2008, a hospital report following a maternal death due to infection recommended the introduction in Our Lady of Lourdes Hospital, Drogheda of MEOWS. The use of MEOWS has also been recommended by

the Confidential Maternal Enquiry Reports both in the UK and Ireland (McClure et al, 2011)[20].

In the last two 'Saving Mothers Lives' reports substandard care was identified where signs and symptoms were not recognised at time and acted upon. Both reports recommended that a national Obstetric Early Warning Scoring system should be introduced and used for all obstetric women, including those being cared for outside the obstetric setting (CEMACH 2007, CMACE 2011)[21]. The MEOWS demonstrated a much higher sensitivity than non-obstetric early warning systems that are currently used in the adult population.

The causes of maternal mortality in India and strategies for reducing maternal mortality are presented. Global Maternal mortality rates was 2,89,000 in 2013 a decline of 47% from levels in1990.Very high in Southern Asia 24% and Subsaharan Africa 62% of the global burden in 2013.About 80% of maternal deaths are caused by direct obstetric causes such as hemorrhage, infection, and hypertensive disorders, ruptured uterus, hepatitis, and anemia. As such 50% of maternal deaths due to sepsis are related to illegal induced abortion. MMR in India has not declined significantly in the past 15 years. Age, parity, unplanned pregnancy, birth interval, socio economic status, nutritional status and related illegal abortion are the factors that contribute to high maternal mortality. In 1985 WHO

reported that 63-80% of maternal deaths due to direct obstetric causes and 88-98% of all maternal deaths could probably have been prevented with proper handling. In India, improper coordination between varied levels in the delivery system and fragmentation of care account for the poor quality of maternal health care [22].

Gupta et al [23] conducted a study in Rajasthan to ascertain the magnitude of maternal mortality rate and their causes. The study was conducted in the state of Rajasthan in India, covering 25,926 households in 411 villages. It has two major components: a community-based household survey and a case-control study with cases and controls sampled from the same population. A total of 32 maternal deaths and 6,165 live births were identified. The group of women who died during pregnancy or delivery (cases) is compared with a group of women who gave birth and survived (controls). MMR was estimated to be 519 (95% confidence interval). Hemorrhage was the chief cause (31%) of maternal deaths; the other causes were obstructed labor, severe anemia, puerperal sepsis, and abortion. Young age at child birth (odds ratio- 2.6; 95% CI, 1.9-3.2) and poverty (OR- 2.5; 95% CI, 1.6-3.4) were independently associated with increased risk of maternal death.

Two countries Nigeria and India are estimated to account for over one third of all maternal deaths worldwide in 2015,with an

approximate 58,000 maternal deaths (19%)and 45,000 maternal deaths (15%), respectively. To achieve upon the momentum generated by MDG 5 a transformative new agenda has been laid out as part of the Sustainable Development Goals to reduce the global MMR to less than 70 per 1,00,000 live births by 2030.The recent World Health Organization publication, concentrates towards ending preventable maternal mortality, establishes a national target that no country should have an MMR greater than 140 per 1,00,000 live births, and outlines a strategy for achieving these targets by 2030.Planning for improving maternal health, require accurate and internationally comparable measures of maternal mortality. The SDG calls for Achieving this global goal will require countries to reduce their MMR by at least 7.5% each year between 2016and 2030. To achieve this MEOWS Observations can help us a lot in preventing avoidable maternal deaths.

Rationale Behind this study:

In country with low resource setting like India Implementation of MEOWS will help us in reducing maternal mortality and morbidity to a greater extent. The early detection of critical illness in pregnant women remains a challenge to all professionals involved in their care.

It is known that pregnancy and labour are normal physiological events. Recording of physiological observations is an integral part of maternity care. So regular recording and scoring of these observations will aid the recognition of any changes in a woman's condition. Delays in diagnosis contribute to a large portion of preventable maternal deaths.

• Maternal Early Obstetrics Warning Systems has got 3 major Components

1. Early Warning Criteria

2. Bedside evaluation

3. Prompt reporting

The Modified Early Obstetric Warning Score has been designed to allow early recognition of deterioration in parturiate women by monitoring variation in their physiological parameters. This is to guide the staff who is undertaking routine physiological observations in both the hospital and the community setting. Using the MEOWS chart will guide us early referral to the appropriate practitioner. MEOWS is the way of formal measurement of physiological variables. The values of the observations are then translated into a summary score which has a critical threshold, above which medical review and intervention is required. It is believed that small changes in the combined physiological variables measured by MEOWS may

pick up deterioration earlier than an obvious change in an individual variable. Early detection will trigger subsequent prompt intervention that will either reverse further physiological decline or facilitate timely referral to appropriate center.

The use of MEOWS does not demand critical care or define treatment but is a tool to aid the early recognition and management of the deteriorating woman. However no diagnostic tool can replace the actual physical examination of a woman and clinical assessment of her condition. In some cases of maternal collapse there may be no prior warning symptoms and sign, although they may have risk factors that make this more likely. Often there are clinical signs that precede collapse. The use of an early warning score is also supported by NICE guidelines[24].

The physiological changes of pregnancy may render the existing Early Warning score systems inappropriate, and no validated system for use in the pregnant woman currently exists. Because of this most of maternity hospitals have developed their own MOEWS system, and there is continuing works in the UK to try and develop a national obstetrics EWS system [25].

PHYSIOLOGICAL CHANGES IN PREGNANCY INCLUDE:

- Increase in heart rate by 10 bpm.
- Respiratory rate increases by 2 breaths per minute.
- Blood pressure decreases by 10 mm Hg .

MEOWS OBSERVATIONS:

Women should be started with MEOWS on admission and retain the same MEOWS chart when moving from one clinical area to another so that the individual physiological trends can be observed.

1. RESPIRATORY RATE:

Respiratory rate is the most sensitive indicator of deteriorating physiology and is the first observation that will indicate a problem or deterioration in condition. It is a mandatory observation.

2. PULSE RATE:

- Tachycardia is highly significant in case of an unwell woman. It is recommended that to take a manual pulse once a day to assess volume and regularity. Pulse rate can be monitored via a saturation probe on the finger.

- **DEMERITS WITH USE OF PULSE OXYMETRY:**

- If the woman is peripherally shut down in cases of haemorrhage the pulse oxymetry probe will not detect the pulse.

- Pulse properties such as volume and regularity can not be assessed with pulseoxymetry .

- Nail varnish affects wave form accuracy.

- OXYGEN SATURATION:

Oxygen saturations are not routinely monitored in pregnant women unless they have respiratory discomfort or medical/obstetric condition which necessitates its use. All women who TRIGGERS require their oxygen saturations to be monitored. Normal > 95% in room air, If on 02 therapy record percentage of O2 in use .

3. BLOOD PRESSURE:

Use of the correct cuff size is vitally important for accurate recordings of blood pressure especially in the obese woman.

	Width [cm]	Length [cm]	Arm circumference cm]
Normal	12.0-13.0	23	Up to 33
Large adult	12.5-13.0	35	Up to 42

- All pregnant women with a systolic blood pressure of 160mm/Hg or more require anti-hypertensive treatment. Falling BP should be regarded as a late sign of deterioration as pregnant women can loose up to 30-40% of their circulating blood volume with no change to their vital signs especially BP.

- **PRECAUTIONS while Recording BP**: Electronic recordings of blood pressure can underestimate readings by up to 5%. It is recommended as good practice if blood pressure is checked manually at least once using an aneroid BP machine.

3. URINE OUTPUT :

- The urine output should be charted on a separate fluid balance chart. Post operative women and high risk mothers should have fluid balance chart maintained.

- The optimum urine output is 1ml/kg/hr the minimum urine output 0.5ml/kg/hr .When a fluid balance chart is in use it should be accurately filled in with both measured input and output.

4. CONSCIOUS LEVEL :

- The conscious level should be assessed on all women and recorded using an AVPU scale. A- Alert and conscious, V- Responds to voice P- Responds to pain, U- Unresponsive .

5. OTHERS

- The physiological parameters recorded in the MEOWS chart are not at all inclusive of other observations that are important to the identification of a deterioration in the mothers conditions including:

- Symphisio fundal height, it is important to note that height of the fundus any rise could indicate haemorrhage, which may be concealed and Increase in abdominal girth.

- Capillary refill time should be less than 3 seconds, delay in which indicates hypovolaemia .

- Temperature of peripheries.

- Haemoglobin testing: Haemoglobin checking machines are available in all clinical areas and should be used in all cases of haemorrhage to obtain immediate haemoglobin estimation.

GUIDELINE FOR THE USE OF THE MEOWS IN DETECTING THE SERIOUSLY ILL AND DETERIORATING WOMAN:

❖ Effective warning systems include clear expectations for observation, predefined criteria for an abnormality, and a protocol to trigger a response if an abnormality is detected[26].

❖ The MEOWS is calculated by scoring the values of a full set of observations carried out routinely by staff which include;

⦿ Temperature-<35°c or>37.4°c[27]

⦿ Systolic blood pressure- <90 or >140 mmHg[28]

⦿ Diastolic blood pressure-<46 or>90 mmHg

⦿ Heart rate-<51 or>100[29]

- ⦿ Respiratory rate <9 or >14
- ⦿ Level of consciousness using AVPU scale

  A - Alert and conscious

  V - Responds to voice

  P - Pain Responds to pain

  U - Unresponsive No response to voice or pain

- ⦿ +/- urine output-<30ml/ 2hr
- ⦿ Oxygen Saturation-<95%

Of all the variables the heart rate, BP, and respiratory rate are the sensitive indicator in same order.

IMPLEMENTATION DETAILS DEPENDS UPON INDIVIDUAL CENTRES

- Cut-points, measurement artifact, trends, Who to notify, how to notify them, Back-up systems to ensure timely evaluation.

MEOWS SCORING

Score	3	2	1	0	1	2	3
Temperature		<35°c		35°-37.4°c		37.5-39°c	>39°c
Systolic BP	≤70	71-79	81-89	90-139	140-149	150-159	≥160
Diastolic BP			≤45	46-89	90-99	100-109	≥110
Pulse		≤40	40-50	51-100	101-110	111-129	≥130
Respiratory rate		≤8		9-14	15-20	21-29	≥30
APVU				alert	Responds to voice	Responds to pain	Un conscious
U/O ml per hour	<10	<30		Not measured			

- If the pulse rate is higher than systolic BP then score 2 for pulse .
- Patient with hypertension reporting a non-remitting headache or shortness of breath.
- Critical neurologic signs were expanded to include agitation, confusion, and unrelenting headache in the presence of hypertension[30].

IDENTIFY SPECIFIC TRIGGERS FOR RESPONDING TO CHANGES IN THE MOTHER'S VITAL SIGNS AND CLINICAL CONDITION AND USE PROTOCOLS FOR RESPONDING TO CHANGES:

- Every time a set of observations is performed in either ante or post natal women, MEOWS should be calculated and recorded in the observation chart .

- All women presenting to Triage who are having baseline observations carried out should have a MEOWS calculated and documented in the records every 12th hourly.

- In order to empirically derive an early-warning score to predict maternal death, physiologic data from obstetric patients were used[31].

- ANTENTAL: Frequency of observations will depend on the nature of the admission or as indicated by the lead clinician. Full set of observations should be carried out twice daily at least 12 hours apart minimum.

- DELIVERY ROOM: All women should have a set of MEOWS observations documented in the records on admission to Delivery

room. Currently women who are in labour need not have MEOWS repeated. Regular observations should still be documented on the partogram as usual. However a score attributable to the baseline observations on admission and recorded in the records. High risk Women receiving care on Delivery room should have the MEOWS score documented on the Mega chart. Normal MEOWS observation chart should be started once the Mega chart is no longer being used.

- RECOVERY ROOM: The MEOWS chart should be initiated in recovery room by recovery practitioner prior to transfer to postnatal ward.

- POSTNATAL WARD**:** All women should have a full set of observations on admission to the postnatal ward and should have this repeated a minimum of 12 hours apart. A MEOWS score should be attributed to every set of observations. The frequency of observations will depend on the nature of the admission or as indicated by the lead practitioner.

- All obstetric inpatients must have a full set of observations and a MEOWS calculated at every level of transfer to a new area ie for example transfer from Recovery room to postnatal ward. The MEOWS chart used in one area should be transferred with the

patient to the next area in order to help identify changes in trends of observations.

TRIGGERING ON MEOWS CHART :A trigger was defined as a single markedly abnormal observation (red trigger), or the combination of two simultaneous mildly abnormal observations (two yellow triggers).

PARAMETER	RED TRIGGER	YELLOW TRIGGER
TEMPERATURE	< 35 or > 38	35–36
SYSTOLIC BP	<90 or >160	150-160 or 90-100
DIASTOLIC BP	>100	90-100
HEART RATE	<40 OR >120	100-120 OR 40-50
RESPIRATORY RATE	<10 OR >30	21-30
O2 SAT	<95	
NEUROLOGICAL SCORE	UNRESP, PAIN	VOICE

It is important to remember when the woman triggers she requires referral to appropriate level Doctor, Monitoring , Review of Investigations and Plan of care. Recognition of deterioration in condition that does not necessarily mean diagnosis but does mean investigation and appropriate level referral involving a multidisciplinary approach. Any woman who triggers 4 should have their full set of observations frequently depending on the diagnosis.

ACTIONS TO BE TAKEN WHEN A WOMAN IS TRIGGERING ON THE MEOWS CHART :

1. Immediate midwifery measures of escalation pathway, she should Know which level of clinician you are alerting, Inform the labour ward co coordinator. Make sure you have all the information you need to inform the physician to be written on hand notes, charts, blood results.

2. State the current problem giving the observation findings and state which ones are triggering. If raised systolic or diastolic report any signs such as headache, nausea, vomiting, upper epigastric pain. Be clear about your expectations of the clinician that the woman requires a bedside review in less than 10 minutes.

3. Immediate midwifery measures to be continued, Increase observation frequency to ¼ hourly. Explanation of plan of care to the woman and relatives. Ensure you have senior midwife help and consider location of the woman. Arrangements may need to be made to transfer to labour ward or ICU. Monitor saturation levels. Give O2 via face mask if required assess patent airway, is the woman awake and talking. Ask her about any signs or changes she perceives. Check IV lines are running and no signs of extravasations at the site. Check the

drug chart and ensure medications have been administered, report time of delay of any drugs especially anti hypertensives. Consider optimum positioning sitting upright or lowering bed head. Ensure safe environment use of cot sides. If antenatal apply left lateral tilt 15-30 degrees and commence CTG. Get blood results from the lab. Bring ECG machine, haemacue, arterial blood gases to bedside prepare blood bottles. Maintain records in notes detailing plan of care. The midwife and coordinator needs to assess appropriate level of clinician attending and consider escalation as above. It is important to care for the woman in the most appropriate clinical area if this is not possible then a delay in transfer must not delay immediate investigations. Full review of the notes including history taking and examination should be done.

MEOWS≤2

CONTINUE CURRENT TREATMENT PLAN

MEOWS=3

Informcoordinator and senior staff,

Repeat observation,Review with senior staff &consider medical officer review

MEOWS≥4Informcoordinator and senior staff,contact senior resident within 30 mins,contact registrar and senior obstetric registrar

MEOWS≥6Informcoordinator and senior staff,contact senior resident within 30 mins,contact registrar and senior obstetric registrar,anaesthetic registrar

- ConsiderABC
- A and B-o2 therapy
- C-IV access,Fluid resuscitation
- Catheterisation
- Left lateral tilt if pregnant
- increase frequency of observations.
- Fetal monitoring
- ECG,Analgesia
- Required investigations

If patient deteriorates ,fails to respond, contact consultant obstetrician and consultant anaesthetist on call.Alert obstetric emergency team.

MATERIALS AND METHODS

This study is a prospective study carried out from November 2014 to April 2016 at K.A.P.V Medical college & M.G.M GOVERNMENT MEDICAL COLLEGE AND HOSPITAL, Trichy. After getting approval from the college ethical committee.

1000 parturient women, all women with gestation between 20 wks to term were followed postpartum upto the period of discharge, who were admitted as an inpatient to the maternity unit, were included in the study . All patients fulfilling the inclusion criteria were explained about the type of study and written informed consent were obtained.

Measurement of temperature (oral), blood pressure and heart rate, respiratory rate, oxygen saturation (pulse oxymetry), conscious level and pain score was documented every 12 hrly. Frequency of Observations is determined by: Risk Status, Diagnosis, Reason for admission, Initial observations on admission. An individual plan of care should be decided by the Doctor who should specify the frequency of physiological observations.

INCLUSION CRITERIA:

Women aged between 18-40 years,

Gestational age from 20 weeks - till term were followed postnataly,

Any gravida,

Any presentation,

Single/ multiple gestation,

EXCLUSION CRITERIA:

PATIENTS WHO WERE NOT ALREADY DIAGNOSED AND TREATED AS

Anemia,

Preeclampsia,

Chronic hypertension,

Overt diabetes mellitus,

Chronic medical disease,

Thyroid dysfunctions.

- These examined patients were classified into two groups. (Those who triggered and those who dont) .
- A trigger is set to prompt urgent medical attention.
- • The protocol has thus far been associated with: −

- Timely bedside evaluations.
- Timely administration of antihypertensives.
- Timely workup for severe anemia in patients with tachycardia.

❖ Any patient is said to have developed a trigger if she fulfills any of the criteria mentioned below.

• Hypertension (SBP>160 or DBP>100)

• Hypotension (SBP<90)

• Tachycardia (HR>120)

• Bradycardia (HR<50)

• Tachypnea (RR>30)

• Bradypnea (RR<10)

• Hypoxemia (SpO2<95% on room air)

• Oliguria (<30 cc/hr for >2 hrs)

• Confusion, agitation, or unresponsiveness

❖ EFFECTIVE ESCALATION POLICY OF MEOWS :

An abnormal parameter would require:

1. Prompt reporting to a physician or other qualified clinician.

2. Prompt bedside evaluation by a physician or other qualified clinician with the ability to activate resources in order to initiate emergency diagnostic and therapeutic interventions as needed.

3. Plan for and implementation of diagnostic work-up.

4. Close follow up by senior provider of patient's status until, Abnormality resolves, or Parameter judged to be of benign etiology, or Patient is determined to be potentially critically ill and care is escalated (rapid response, higher acuity setting)[32].

Clinical audit standards: The Maternity Services are committed to the clinical audit, as part of its Clinical programme. The standards contained in this clinical guideline will be subjected to continuous audit, with multidisciplinary review of the audit results atleast monthly once in departmental meetings. The results will be summarised and a list of recommendations formed into an action plan, with a commitment to re-audit within next three months ,if resources are permitting it to be feasible.

DIAGNOSTIC DEFINITIONS OF OBSTETRIC MORBIDITY:

- OBSTETRIC HAEMORRHAGE-ESTIMATED LOSS OF,>500 ml in a c/o Normal delivery, > 1500 ML in c/o LSCS ,or DROP IN HB >3 G/DL OR NEED FOR BLOOD TRANSFUSION
- PRE-ECLAMPSIA- SEVERE Systolic BP ≥ 160 mmHg, or Diastolic BP ≥ 110 mmHg plus proteinuria ≥ 0.3 g.day^{-1} (+ 2 dipstick) or ,MILD-hypertension ($\geq 140/90$ mmHg) and proteinuria on, 1+ in dipsstick.
- SUSPECTED INFECTION-clinically suspected focus of infection/positive lab culture, treated with antibiotics.
- PULMONARY EMBOLISM-CT -Pulmonary Angiogram
- CEREBRAL VENOUS SINUS THROMBOSIS -CT/MRI
- INTRA CRANIAL BLEED-CT/MRI
- PULMONARY EDEMA-Breathlessness, crepitations requiring diuretics.

ANALYSIS OF DATA

TABLE NO- 1

	Nos	Minimum	Maximum	Mean	Std. Deviation
Age	1000	18.00	40.00	24.7866	3.83846
HEIGHT	1000	132.00	172.00	1.5121	5.87506
WEIGHT	1000	35.00	76.00	55.8958	8.52632
HB	1000	5.00	13.00	8.7120	1.07434
O2 SAT	1000	86.00	99.00	94.0910	1.72037

Table 1

- Shows the mean of individual variabilities in the study such as age, height, weight, haemoglobin and oxygen saturation.

- The age varied between 18 and 40 with a mean of 22.47. The height varied between 132 and 172 cm with a mean of 151.2 and standard deviation of 3.8%.

- The weight of these women varied between 35kgs and 76 kilograms with a mean of 55.89 kilograms and standard deviation of 8.5% .

- The mean haemoglobin was 8.71 which varied between 5 and 13 gms/dl which reflects the prevalence of anemia in the community and their poor socioeconomic status among majority.

- The oxygen saturation showed variation from 86% to99% at room temperature with a mean of 94% and with std deviation of only1.7%.

TABLE- 2 OBS CODE

	Frequency	Percent
PRIMI	514	51.4
MULTIGRAVIDA	486	48.6
Total	1000	100.0

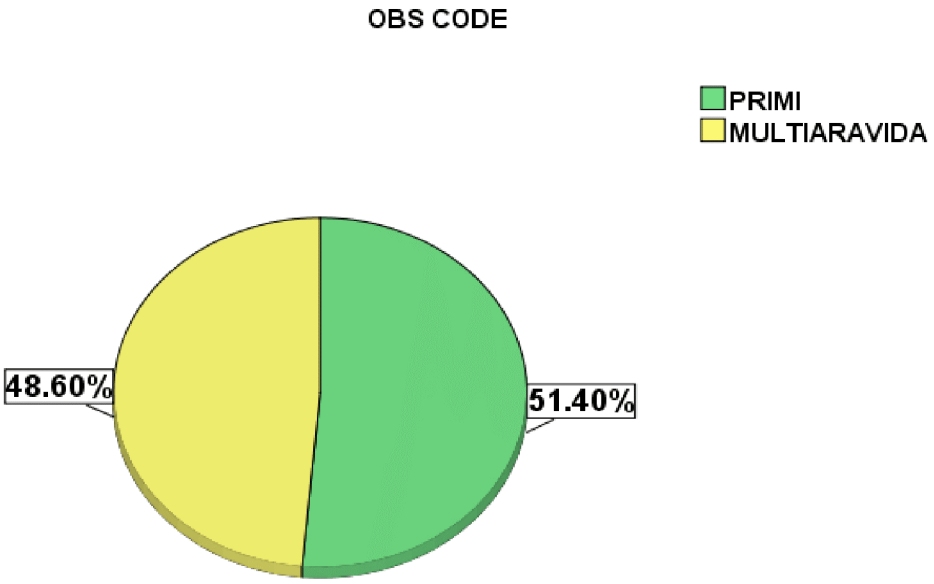


Table -2: Shows primi forming the bulk (51.4%) of the cases and multigravida forming the rest.

TABLE-3 HEART RATE

	Frequency	Percent
INCREASED	131	13.1
NORMAL	869	86.9
Total	1000	100.0

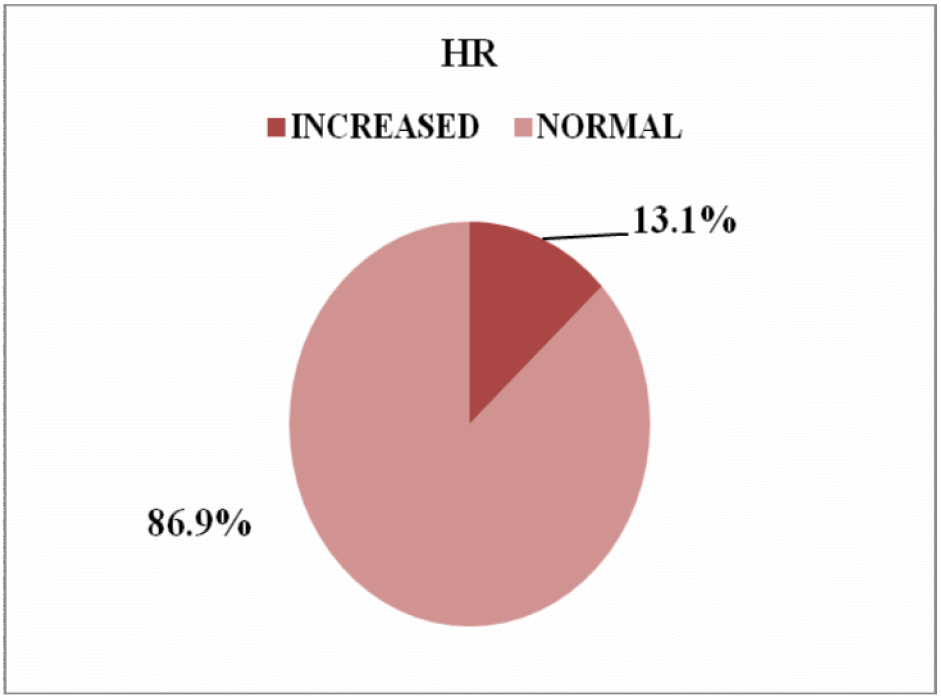


Table 3

- Shows out of 1000 cases examined 131 cases were triggered for parameter of tachycardia and the remaining 869 were normal.

TABLE- 4 BLOOD PRESSURE

	Frequency	Percent
INCREASED	147	14.7
NORMAL	853	85.3
Total	1000	100.0

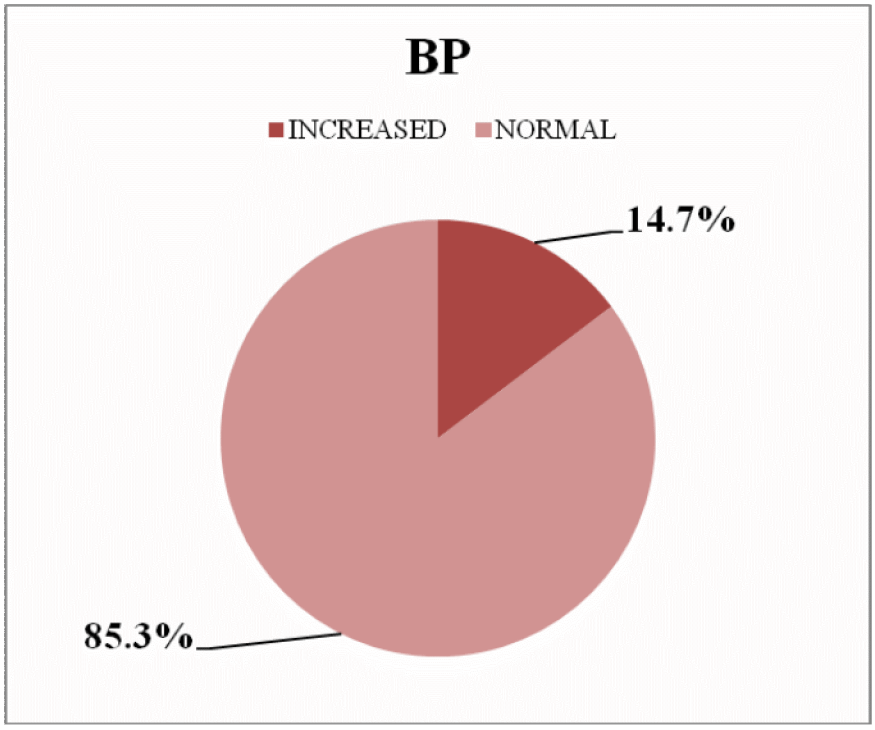
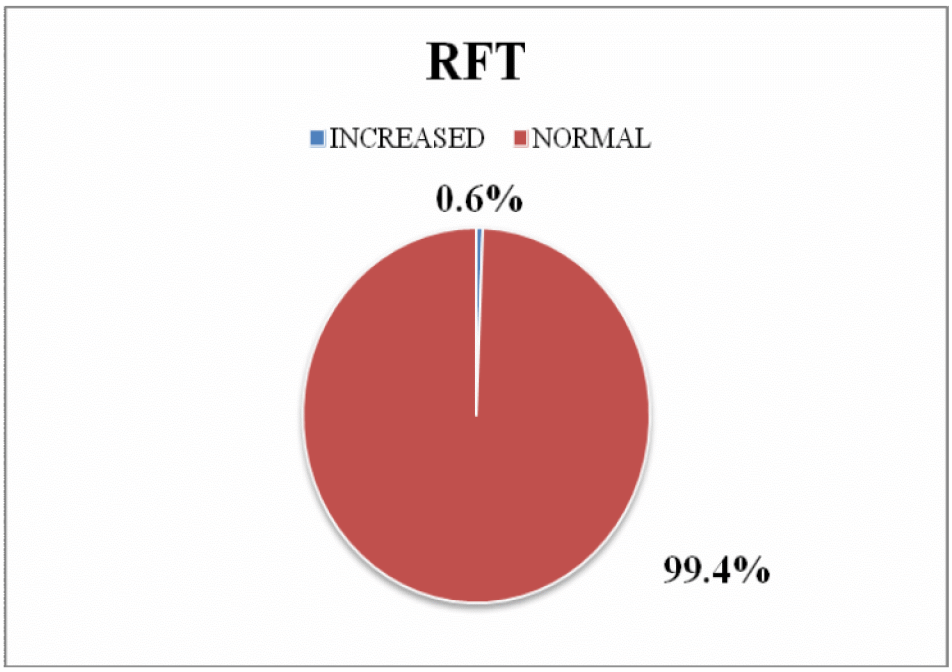


Table 4 shows of the 1000 cases 15% of the cases were triggered for increase in blood pressure and diagnosed hypertensive and the rest 85% did not trigger and remained normotensive.

TABLE- 5 RENAL FUNCTION TEST

	Frequency	Percent
INCREASED	6	0.6%
NORMAL	994	99.4%
Total	1000	100.0



- **Table 5** -shows that of all the cases examined in the study only 6 cases showed elevated renal parameters.

TABLE- 6 TEMPERATURE

	Frequency	Percent
INCREASED	9	0.9%
NORMAL	991	99.1%
Total	1000	100.0

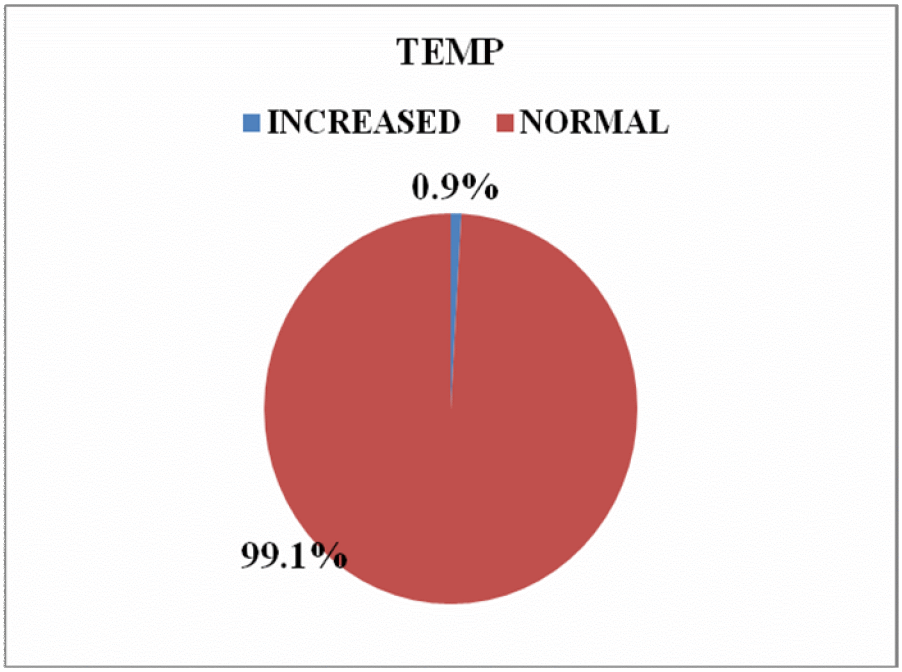


Table- 6: shows there was trigger of elevation in temperature in only 9 cases that were studied.

TABLE- 7 RESPIRATORY RATE

	Frequency	Percent
INCREASED	23	2.3
NORMAL	977	97.7
Total	1000	100.0

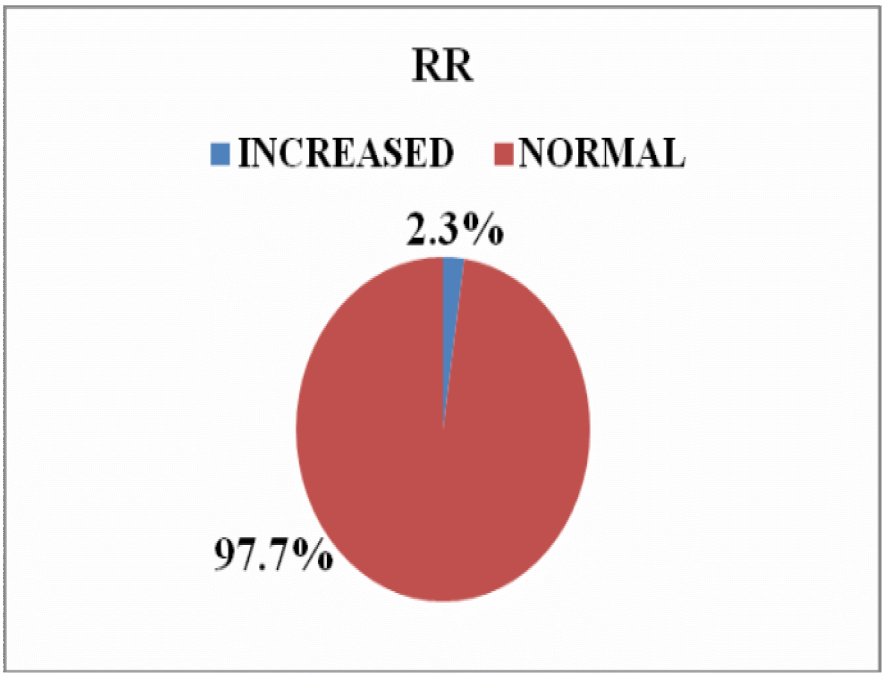


Table 7

- shows that of the 1000 cases examined in the study 23 cases showed the trigger of tachypnea.

TABLE- 8 NEUROLOGICAL SCORE

NEUROLOGICAL SCORE	COUNT	PERCENT
PAIN	6	0.62
VOICE	7	0.72
UNRESPONSIVE	3	0.31
ALERT	984	98.35
TOTAL	1000	100

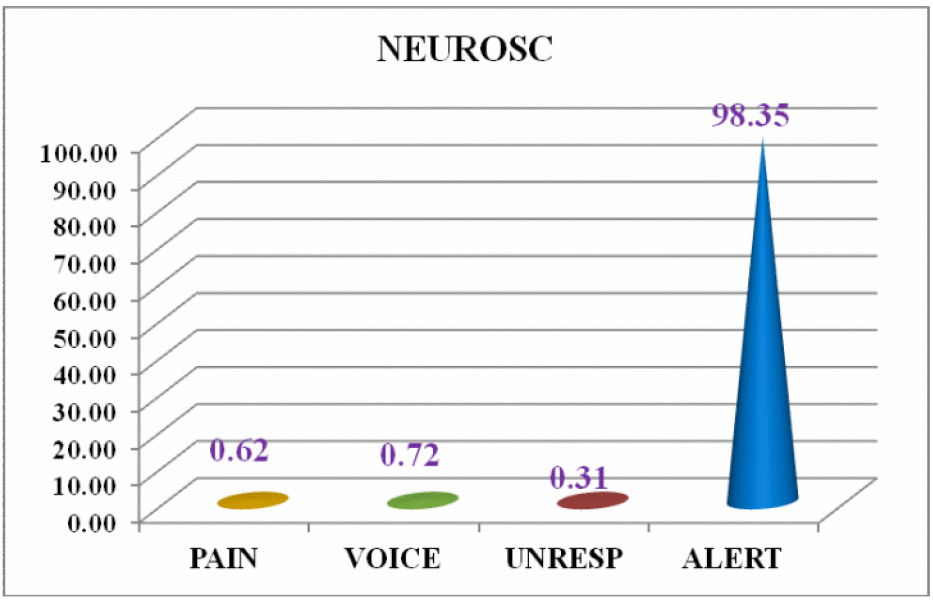


Table 8 - Shows the neurological score of the examined cases. 98% of cases were neurologically normal and less than 2% of cases were found to have neurological instability.

TABLE -9

PAIN SCORE	COUNT	PERCENT
1	11	1.10
2	4	0.40
3	1	0.10
NORMAL	984	98.40
TOTAL	1000	100.00

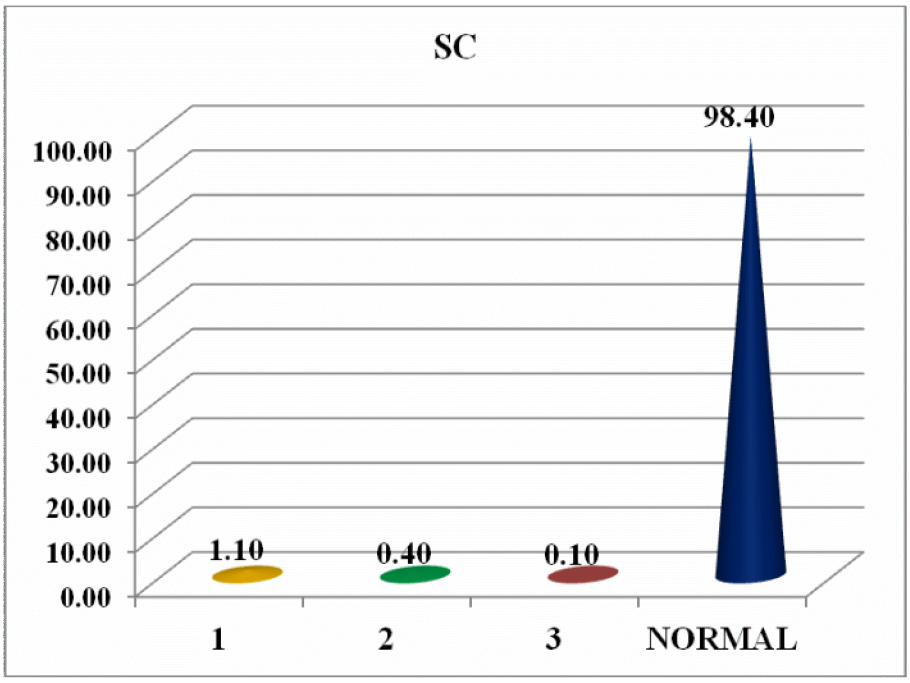


Table 9

- shows more than 98% of cases to have normal pain score and less than 2 % of cases showed elevated pain scores.

TABLE - 10

AMN.FLUID	COUNT	PERCENT
B	8	0.8
C	944	94.4
M	48	4.8
TOTAL	1000	100

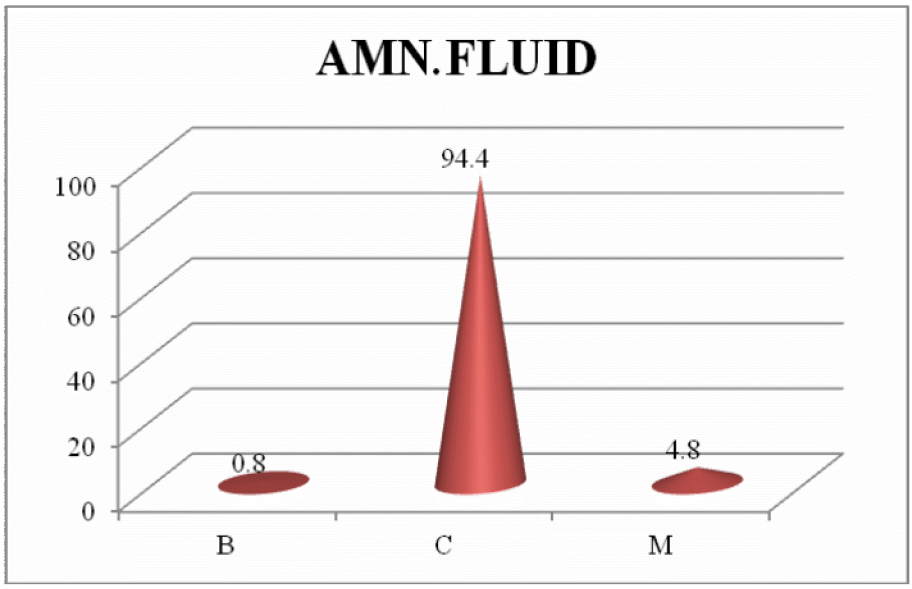


Table 10- Shows the characteristics of amniotic fluid in these examined cases. Of the 1000 cases examined 94% of cases had clear amniotic fluid, < 1% had blood stained amniotic fluid and nearly 5% of cases had meconium stained amniotic fluid.

TABLE - 11

LOCHIA	COUNT	PERCENT
H	998	99.8
UH	2	0.2
TOTAL	1000	100

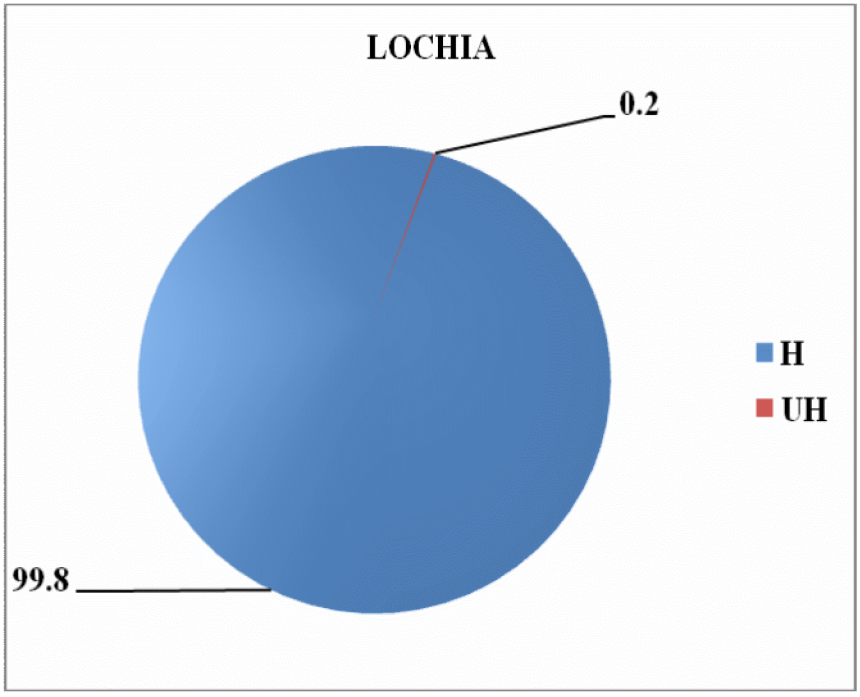


Table 11-Shows almost all cases to have healthy lochia. unhealthy lochia was present in only 2 cases.

TABLE - 12

URINE ALB	COUNT	PERCENT
1+	43	4.30
2+	25	2.50
3+	20	2.00
NORMAL	872	87.20
TRACE	40	4.00
TOTAL	1000	100

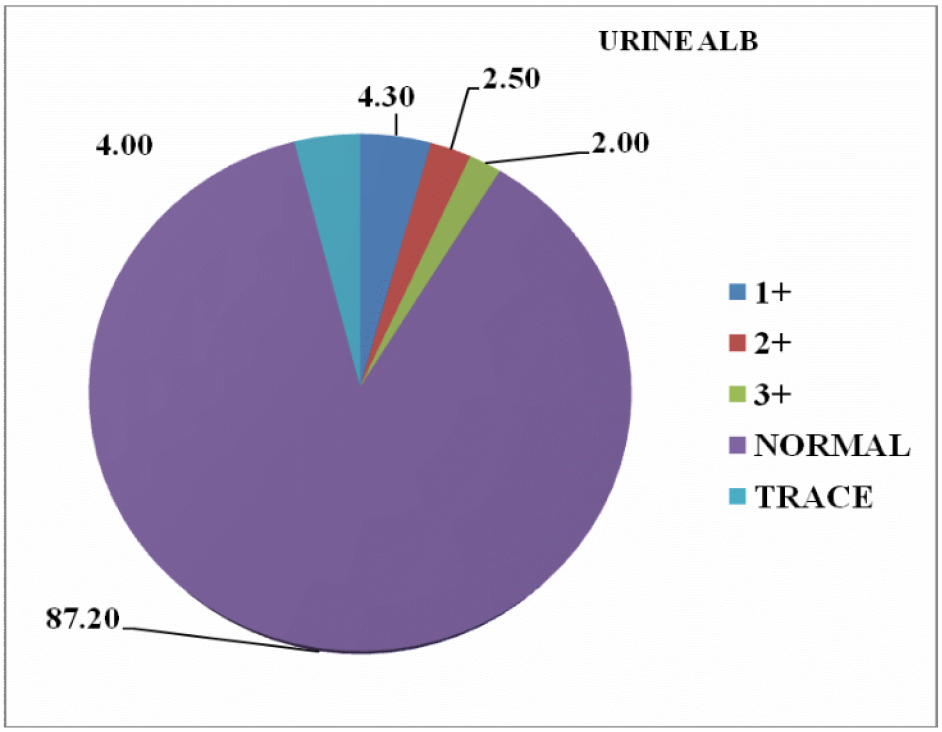


Table 12

- shows the results of urine routine examination. Nearly 87% of patients had normal urine examination. The remaining 13% had abnormal reports as shown in the table.

TABLE - 13 LSCS/VAGINAL DELIVERY

	Frequency	Percent
VAG DEL	613	61.3
LSCS	387	38.7
Total	1000	100.0

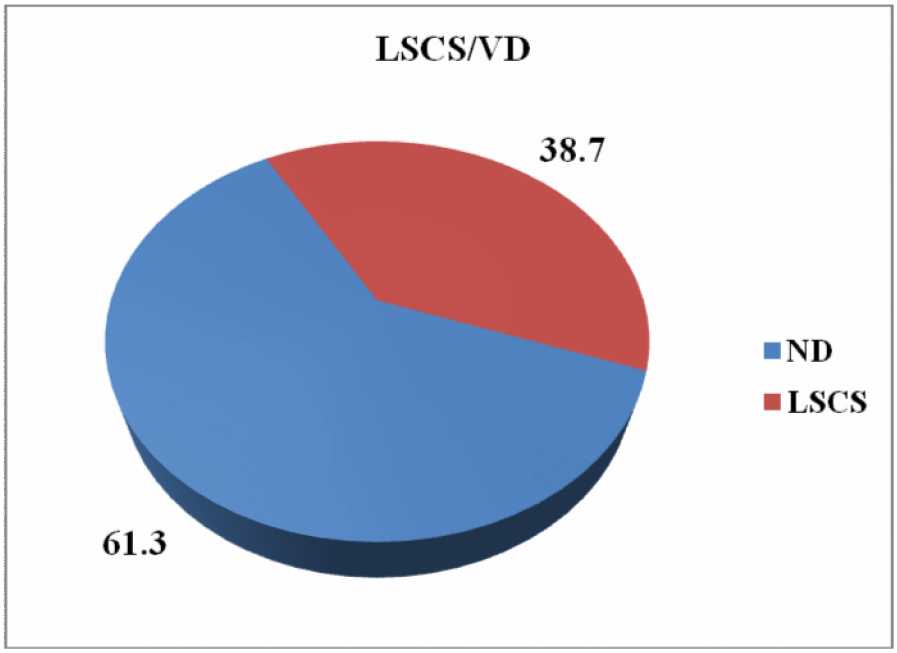


Table -13

- Shows the mode of delivery in 1000 cases in our study.
- Of the 1000 cases nearly two thirds of the cases delivered labour natural and the remaining one third underwent ceaserean section.

TABLE -14

	Frequency	Percent
NORMAL	796	79.6
BP	82	8.2
HR	53	5.3
RFT BP HR&RR	2	.2
RFT BP&HR	2	.2
TEMP BP&HR	1	.1
BP HR&RR	12	1.2
BP&HR	48	4.8
HR&RR	2	.2
BP&RR	2	.2
Total	1000	100.0

TABLE 14

Shows the magnitude of increase in the triggering parameters noted in the study. Of the 1000 cases examined 796 cases showed normal parameters. 82 cases showed only elevated blood pressure,53 cases showed tachycardia, 5% (48) of cases showed elevation of both blood pressure and pulse rate.12 cases showed elevation of blood pressure , heart rate and respiratory rate.

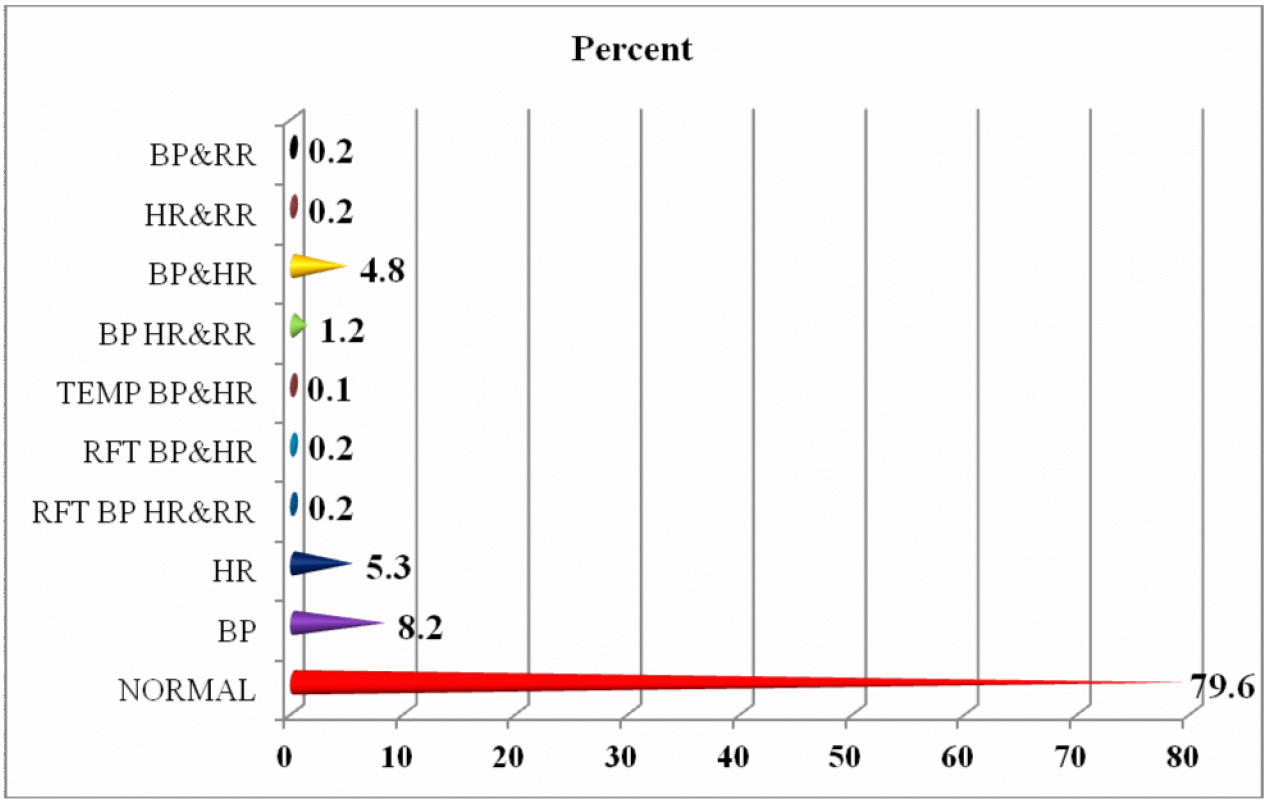

Percent
BP&RR
HR&RR
BP&HR
BP HR&RR
TEMP BP&HR
RFT BP&HR
RFT BP HR&RR
HR
BP
NORMAL
0.2
0.2
4.8
1.2
0.1
0.2
0.2
5.3
8.2
79.6
0
10
20
30
40
50
60
70
80

TABLE 15

MORBIDITY		
	Frequency	**Percent**
NORMAL	810	81.0
PPH	45	4.5
PPH&PRE	19	1.9
PRE	96	9.6
WI	9	.9
ECLAMPSIA	15	1.5
CVT&ECLAMPSIA	2	.2
PULM.EMB	1	.1
PULM.EDEMA	3	.3
Total	1000	100.0

Table 15 -

shows the spectrum of morbidities seen in the study. Of the 1000 cases examined 96 cases were preeclamptic, 45 cases had post partum haemorrhage (pph), 19 cases had pph with preeclampsia,15 cases were found to have eclampsia, 2 of these cases with eclampsia developed cortical venous thrombosis(cvt). Wound infection was found in 9 cases , 3 cases had pulmonary edema and pulmonary thromboembolism was found in 1 case.

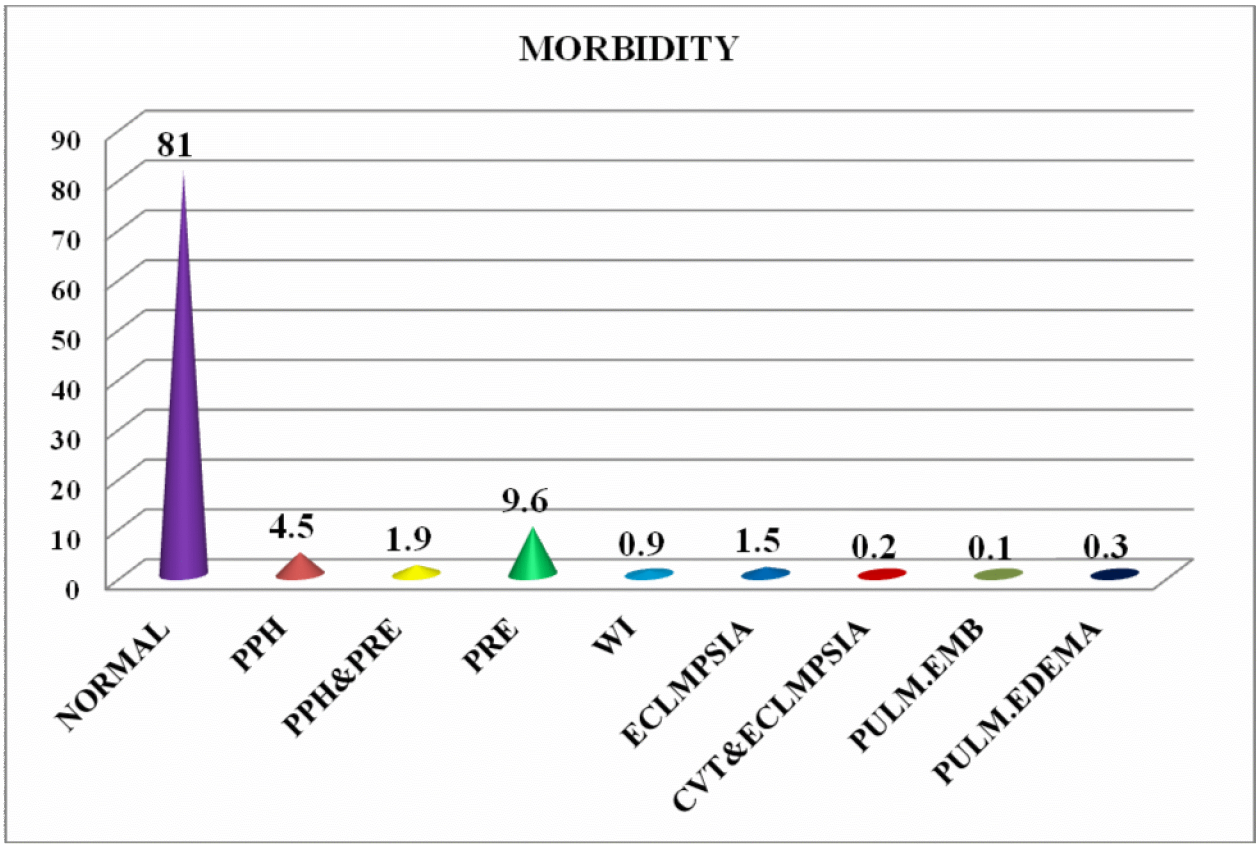

MORBIDITY
90
80
70
60
50
40
30
20
10
0
81
4.5
1.9
9.6
0.9
1.5
0.2
0.1
0.3
NORMAL
PPH
PPH&PRE
PRE
WI
ECLMPSIA
CVT&ECLMPSIA
PULM.EMB
PULM.EDEMA

TABLE 16

		MORBIDITY									Total	Sig
		NORMAL	PPH	PPH& PRE	PRE	WI	ECLA MPSIA	CVT& ECLAM PSIA	PULM. EMB	PULM. EDEMA		
BP	INCREASED	14	3	18	90	1	15	2	1	3	147	P=.000 Sig
		1.4%	.3%	1.8%	9.0%	.1%	1.5%	.2%	.1%	.3%	14.7%	
	NORMAL	796	42	1	6	8	0	0	0	0	853	
		79.6%	4.2%	.1%	.6%	.8%	.0%	.0%	.0%	.0%	85.3%	
Total		810	45	19	96	9	15	2	1	3	1000	
		81.0%	4.5%	1.9%	9.6%	.9%	1.5%	.2%	.1%	.3%	100.0 %	

Table 16 shows the exact number of cases that had abnormal elevation of blood pressure with relation to the morbidities recorded. Of the 45 cases recorded with post partum haemorrhage (PPH) only 3 cases had hypertension. Out 0f 96 cases with pre eclampsia 90 cases had elevated blood pressure. Of the 19 cases that had pre eclampsia with pph 18 cases had hypertension. The correlation of blood pressure to various morbidities were found to be statistically significant.

TABLE-17

		MORBIDITY									Total	Sig
		NORMAL	PPH	PPH& PRE	PRE	WI	ECLM PSIA	CVT& ECLMP SIA	PULM. EMB	PULM. EDEMA		
HR	INCREASED	34	34	16	23	5	13	2	1	3	131	P=.000 Sig
		3.4%	3.4%	1.6%	2.3%	.5%	1.3%	.2%	.1%	.3%	13.1%	
	NORMAL	776	11	3	73	4	2	0	0	0	869	
		77.6%	1.1%	.3%	7.3%	.4%	.2%	.0%	.0%	.0%	86.9%	
Total		810	45	19	96	9	15	2	1	3	1000	
		81.0%	4.5%	1.9%	9.6%	.9%	1.5%	.2%	.1%	.3%	100.0 %	

- **Table 17**- shows the exact number of cases that had abnormal Heart rate in relation to the morbidities. Of 45 cases of PPH 34 cases showed the trigger of tachycardia, of 96 cases of Preeclampsia 23 cases showed this trigger, of 19 cases of PPH with Preeclampsia16 cases had the trigger, of 9 cases of wound infection 5 cases had the trigger, Of 15 cases of eclampsia 13cases had the trigger, Of both cases of cvt had the trigger, all the cases of pulmonary edema and embolism had the trigger of tachycardia. The correlation of heart rate to various morbidities were found to be statistically significant.

TABLE -18

		MORBIDITY									Total	Sig
		NORMAL	PPH	PPH& PRE	PRE	WI	ECLA MPSIA	CVT&ECL AMPSIA	PULM. EMB	PULM. EDEMA		
RR	INCREASED	4	3	2	3	2	4	1	1	3	23	P= .001 Sig
		.4%	.3%	.2%	.3%	.2%	.4%	.1%	.1%	.3%	2.3%	
	NORMAL	806	42	17	93	7	11	1	0	0	977	
		80.6%	4.2%	1.7%	9.3%	.7%	1.1%	.1%	.0%	.0%	97.7%	
Total		810	45	19	96	9	15	2	1	3	1000	
		81.0%	4.5%	1.9%	9.6%	.9%	1.5%	.2%	.1%	.3%	100.0%	

TABLE 18

shows the relation of respiratory rate to various morbidities recorded in the study. Tachypnea was present in all cases of pulmonary edema and pulmonary thromboembolism. The correlation of respiratory rate with all morbidities were found to be statistically significant.

TABLE 19 : MORBIDITY

		NORMAL	PPH	PPH& PRE	PRE	WI	ECLAM PSIA	CVT&ECL AMPSIA	PULM. EMB	PULM. EDEMA	TOTAL	SIGNIFI CANCE
co	NORMAL	751	15	2	22	3	3	0	0	0	796	P=0.001 Sig
		75.1%	1.5%	.2%	2.2%	.3%	.3%	.0%	.0%	.0%	79.6%	
	BP	20	11	6	36	4	4	0	0	1	82	
		2.0%	1.1%	.6%	3.6%	.4%	.4%	.0%	.0%	.1%	8.2%	
	HR	27	11	0	14	1	0	0	0	0	53	
		2.7%	1.1%	.0%	1.4%	.1%	.0%	.0%	.0%	.0%	5.3%	
	RFT BP HR&RR	0	0	0	2	0	0	0	0	0	2	
		.0%	.0%	.0%	.2%	.0%	.0%	.0%	.0%	.0%	.2%	
	RFT BP&HR	0	0	0	1	0	1	0	0	0	2	
		.0%	.0%	.0%	.1%	.0%	.1%	.0%	.0%	.0%	.2%	
	TEMP&HR	1	0	0	0	0	0	0	0	0	1	
		.1%	.0%	.0%	.0%	.0%	.0%	.0%	.0%	.0%	.1%	
	BP HR&RR	4	3	1	0	0	2	0	1	1	12	
		.4%	.3%	.1%	.0%	.0%	.2%	.0%	.1%	.1%	1.2%	
	BP&HR	6	5	8	20	1	5	2	0	1	48	
		.6%	.5%	.8%	2.0%	.1%	.5%	.2%	.0%	.1%	4.8%	
	HR&RR	1	0	0	1	0	0	0	0	0	2	
		.1%	.0%	.0%	.1%	.0%	.0%	.0%	.0%	.0%	.2%	
	BP&RR	0	0	2	0	0	0	0	0	0	2	
		.0%	.0%	.2%	.0%	.0%	.0%	.0%	.0%	.0%	.2%	
Total		810	45	19	96	9	15	2	1	3	1000	
		81.0%	4.5%	1.9%	9.6%	.9%	1.5%	.2%	.1%	.3%	100.0 %	

Table 19: Shows the correlation of various parameters in relation to the morbidities included in the study. Abnormalities in Blood pressure ,Heart rate and combination of both were sensitive in diagnosing morbidities. Other parameters like respiratory rate, temperature too were sensitive in diagnosing morbidities. The correlation of various parameters in relation to morbidities were found to be statistically significant.

TABLE - 20

		MORBIDITY									Total	Sig
		NORMAL	PPH	PPH& PRE	PRE	WI	ECLAMPSIA	CVT& ECLAMPSIA	PULM. EMB	PULM. EDEMA		
OBS CODE	PRIMI	417	21	7	54	2	10	1	1	1	514	
		41.7%	2.1%	.7%	5.4%	.2%	1.0%	.1%	.1%	.1%	51.4%	
	MULTI GRA VIDA	393	24	12	42	7	5	1	0	2	486	P=.366
		39.3%	2.4%	1.2%	4.2%	.7%	.5%	.1%	.0%	.2%	48.6%	Non Sig
Total		810	45	19	96	9	15	2	1	3	1000	
		81.0%	4.5%	1.9%	9.6%	.9%	1.5%	.2%	.1%	.3%	100.0%	

Table 20:Shows the occurrence of morbidities in relation to primigravida and multigravida women. Our study has shown that there is no statistical significance in the morbidities in relation to primi or multigravida women.

TABLE 21: LSCS/ND * MORBIDITY

		MORBIDITY									Total	Sig
		NORMAL	PPH	PPH& PRE	PRE	WI	ECLAMPSIA	CVT& ECLAMPSIA	PULM. EMB	PULM. EDEMA		
LSCS/ND	ND	538	17	5	49	0	1	1	0	2	613	
		53.8%	1.7%	.5%	4.9%	.0%	.1%	.1%	.0%	.2%	61.3%	
	LSCS	272	28	14	47	9	14	1	1	1	387	P=.000
		27.2%	2.8%	1.4%	4.7%	.9%	1.4%	.1%	.1%	.1%	38.7%	Sig
Total		810	45	19	96	9	15	2	1	3	1000	
		81.0%	4.5%	1.9%	9.6%	.9%	1.5%	.2%	.1%	.3%	100.0%	

Table 21 :shows the relationship of normal delivery and lscs with relation to morbidities. Patients who have undergone lscs were associated to have more morbidity in comparison to patients who have undergone normal delivery. The correlation was statistically significant.

TABLE 22

	Sensitivity	Specificity	Positive Predictive Value	Negative Predictive Value	Diagnostic Accuracy
RFT	83%	81.39%	2.63%	99.88%	81.4%
TEMP	55.56%	81.33%	2.63%	99.51%	81.1%
BP	90.48%	93.32%	70%	98.27%	92.9%
HR	74.05%	89.3%	51.05%	95.8%	87.3%
RR	82.61%	82.5%	10%	99.51%	82.5%

Table 22: Shows the diagnostic accuracy values of various parameters included in the study. Blood pressure was found to have highest sensitivity and specificity in relation to the morbidities recorded in our study. Heart rate showed next highest specificity in picking up morbidity. Renal function tests and Respiratory rates showed next highest sensitivity in diagnosing morbidities. Blood pressure showed the highest positive predictive value and diagnostic accuracy followed by heart rate. Negative predictive value was highest with renal function test followed by respiratory rate and temperature.

DISCUSSION

1000 Antenatal cases who got admitted at K A P V Government Medical college in the Department of Obstetrics were examined in a systematic way and findings were recorded. The aim of our study was to clinically evaluate these antenatal women by recording their Heart rate, Blood pressure, Respiratory rate, oxygen saturation spo2, and temperature along with neurological and pain scoring. They are further evaluated using basic laboratory investigations Haemoglobin, renal function tests ,Urine albumin. These women were allowed to undergo natural course of treatment in the hospital. Their mode of delivery (normal/LSCS) was decided by a competent authority. The morbidities were recorded in an unbiased manner.

- Of the 1000 cases enrolled in the study 514 cases were primigravida and the remaining 486 were multigravida. These multigravida mothers ranged from second to sixth gravida. For our convenience we have grouped them together as multigravida. Though the incidence of morbidities such as PPH and PPH with Preeclampsia was higher in multigravida, as such PPH was most common among grandmulties, Preeclampsia seems to be more common among very young individuals < 21 yrs,and in multies who had last child birth>5 yrs and above .Eclampsia was found to be more often in primi,

various other morbidities such as CVT, pulmonary edema, pulmonary embolism were equal among both groups. No statistical significance was made out.

- The mean age of patients enrolled in the study was 24yrs (range was between 18yrs-40yrs).Morbidity was observed among individuals <21yrs and among individuals >30yrs,the proportion of first births to women aged > 30 yrs is increasing now a days .

- The mean height of these patients was 151 cms (range 132-172). The mean weight of these patients was 55.8(range 35-76).Morbidity was common among individuals with BMI<20kg/m2and >30kg/m2. Increased adverse pregnancy out come in over weight women whose BMI is >25 kg/m2.

- Of the 1000 cases that were examined 131 cases showed the trigger 0f tachycardia, thus HR had sensitivity of74%, specificity of 89%,PPV of 51%,NPV of 95.8% and diagnostic accuracy of 87.3%.Of the triggers 34 were normal rest of them had morbidity of PPH,PPH with Preeclampsia, Preeclampsia as major morbidity. Simple bedside monitoring of HR served as a predictor of severe morbidities with significant P value of 0.000.

- 147 women had trigger of elevation of Blood pressure thus BP as predictor of morbidity had the sensitivity of 90.5%,specificity of 93.3%, PPV of 70%,NPV of 98.3%,and diagnostic accuracy of 93%.Of 147 triggers 14 were normal rest of them showed various morbidities with significant P value of 0.000.

- while 23 showed trigger of tachypnea. Respiratory rate as a predictor of morbidity had sensitivity of 82.6%,specificity of 82.5%,PPV 10%,NPVof 99.5%,diagnostic accuracy of 82.5%.Of 23 triggers 4 were normal rest had morbidity of Significant P value of 0.001.

- 9 women showed trigger of hyperthermia ,as a predictor of morbidity it had sensitivity of 55.6%,specificity of 81.3%,PPV of 2.6%,NPV of 99.5% ,Diagnostic accuracy of 81%.Temperature as a predictor of morbidity had significant P value of 0.000.

- while 6 showed azotemia. As a predictor it has sensitivity of 83%, specificity of 81.4%, PPV of 2.6%,NPV of 99.8%,Diagnostic accuracy of 81.4%.RFT as a predictor of morbidity had significant values of 0.000.

- Neurological score was found to be abnormal only in <2%particularly in cases with Eclampsia and CVT.

- Pain score were found to be normal in 98% of cases. Abnormal in <1%.

- 94% of cases had normal amniotic fluid and the remaining 6% had blood or meconium stained amniotic fluid.

- Almost all cases had healthy lochia with only 2 cases presented with unhealthy lochia, one is c/o obtructed labour handled very badly in PHC,other is a C/O septic abortion tried for evacuation outside.

- Urine analysis of albumin examined in these 1000 cases showed 87% to be normal. 13% cases showed either traces,1+,2+,3+ of albumin in their urine analysis. All the cases diagnosed as Preeclampsia were closely monitored with care.

- The mean hemoglobin levels of these cases included in the study was 8.7gm% (the range was between 5-13gm%).All cases diagnosed as anaemic were closely followed with care with expectancy for complications.

- Of the 1000 cases enrolled in our study 810 cases delivered and got discharged normally. 190 cases developed morbidities. The spectrum of morbidities enrolled in our study are that 96 cases developed preeclampsia. 45 cases developed post partum heamorrhage (pph). 19 cases had both preeclampsia and pph. 15 cases developed eclampsia

and 2 out of these 15 eclamptic cases developed cortical venous thrombosis (CVT). 9 cases developed wound infection . 3 cases developed pulmonary edema and 1 case was found to have pulmonary thromboembolism.

- With MEOWS we were able to identify all these cases at right time and managed correctly correctly and 1 case was found to have pulmonary thromboembolism ,with timely intervention we are able to resuscitate the case easily.

- The data analysis shows that nearly one fifth (190) of the cases enrolled in the study developed complications . Of these cases that developed complications nearly >50% of them are preeclamptic. One fourth of them have developed PPH.

RELATIONSHIP OF MODE OF DELIVERY AND MORBIDITY:

Out of 613 cases that underwent normal delivery 75 cases developed morbidity. Of the 387 cases that had undergone lscs as mode of delivery 115 cases developed morbidity. There was statistical significance of correlation in patients undergoing lscs as a mode of delivery developing complications when compared to normal delivery cases.

Of the 514 cases of primi 97 cases developed morbidity, of the 486 multiparous cases 93 cases developed morbidity. In our study there was no

significant difference in morbidity between multiparous and nulliparous women.

RELATIONSHIP OF PARAMETERS WITH MORBIDITY:

The analysis of data further shows that 133 cases out of 147 that had elevated blood pressure developed complications, 97 cases out of 131 that had tachycardia developed morbidity. 19 cases out of 23 that had elevation of respiratory rate developed complications. 5 cases out of 9 that had elevated temperature had developed complications.5 cases out of 6 who had elevated renal parameters developed complications.

PARAMETERS ANALYSIS:

- Blood pressure has the highest Sensitivity and specificity in detecting morbidities (90% and 93% respectively). Heart rate comes second and has a sensitivity and specificity of 74% and 89%. Renal function tests and respiratory rate has a sensitivity and specificity of 82%. Temperature has a sensitivity and specificity of 55% and 81% respectively. whereas respiratory rate has sensitivity and specificity of 82.6% and 82.5% respectively.

- The positive predictive value was highest with Blood pressure

  70% followed by heart rate 51%.

- The negative predictive value was found to be almost equal in all parameters.
- Diagnostic accuracy was found to be highest with blood pressure ((93%) followed by heart rate (87%).
- All the parameters has got significant P value of <0.00.
- Sensitivity of the parameters questions about 'what proportion of patients with defined morbidity triggered by which parameter in the MEOWS chart?'. Here we are attributed to use morbidity as our primary end point, rather than death because of its rare occurrences in obstetric patients.
- In our MEOWS we applied the early signs of morbidity as triggering criteria that was recognised earlier .
- Lowering the threshold at which morbidity is defined, or lowering the threshold at which patients trigger, may increase sensitivity further, This would also reduces the numbers of false negatives. However, it would also have the impact on increasing the number of false positives, thereby decreasing specificity.
- Specificity should be desirable enough in an early warning system to minimise unnecessary cost and workload, as well as decreasing the

emotional burden of the patient by preventing unnecessary investigations. The specificity of MEOWS is reasonable, though there is a scope for further refinement.

- Our study showed that some of the triggered parameters performed better than others. High blood pressure, tachycardia, tachypnoea and pyrexia were better indicators of maternal morbidity, while hypotension was not as sensitive an we expected for our morbidity criteria.

- We think hypothesised trigger threshold for low blood pressure is incorrectly set on the MEOWS chart for the obstetric population, and increasing its threshold will result in significant false positives and improved specificity. The optimal trigger threshold for low blood pressure will be the subject in the future study.

- The morbidities were recorded in an unbiased manner. We have made an unbiased comparison between the parameters and the morbidities and found out their correlation.

- The data analysis shows that nearly one fifth (190) of the cases enrolled in our study developed complications . Of these cases that developed complications nearly 50% of them are preeclamptic. One

fourth of them have developed PPH. One sixth of the preeclamptic patients have developed eclampsia.

- Blood pressure has the highest Sensitivity and specificity in detecting morbidities (90% and 93% respectively). Heart rate comes second and has a sensitivity and specificity of 74% and 89%. Renal function tests and respiratory rate has a sensitivity and specificity of 82%. Temperature has a sensitivity and specificity of 55% and 81% respectively.

- The positive predictive value was highest with Blood pressure 70% followed by heart rate 51%.The negative predictive value was found to be almost equal in all parameters. Diagnostic accuracy was found to be highest with blood pressure ((93%) followed by heart rate (87%).

CONCLUSION

The MEOWS has been widely promoted in maternity services since 2007 as an effective patient safety strategy, despite little evidence of its predictive value or utility. It is a simple bedside screening tool for identifying maternal morbidity. Screening identifies those individuals who are likely to have morbidity, while a diagnostic test needs to be confirmed its presence definitively. For a screening tool to be of value, it must be cost effective, safe, easily available all time and validated. The validity of maternal early obstetrics warning system is assessed by its sensitivity, specificity and overall diagnostic accuracy. This is the study attempting to validate MEOWS chart.

The ideal MEOWS chart would have a sensitivity and specificity close to 100%, such that most of the triggered patients should have any one the morbidity ,and very few have misleading triggers. In practice, there should be striking balance between sensitivity and specificity. In a maternal early warning system, a false positive may a create unnecessary burden and anxiety on resources and, a false negative will have catastrophic consequences for patients. Therefore, a system that favours sensitivity over specificity would be of more appropriate.

Positive and negative predictive values indicate the accuracy of the MEOWS chart. The usefulness of accuracy is limited by the prevalence of morbidity in a population. The higher the prevalence of morbidity, the greater the accuracy. The prevalence of morbidity can change with time and population type, and therefore the use of sensitivity and specificity is preferable to determine validity of MEOWS chart. A number of false positives were due to single triggers that were not reproduced, and we must varify with the bed side observer of the need to ensure that parameters are measured accurately, and a single unexplained trigger must be repeated before callout.

The promising results of this validation study have encouraged the staffs and obstetricians in our institution to continue implementing the MEOWS chart in every obstetric patient. To minimise workload and unnecessary duplication of documentation, the chart has been incorporated into the maternal case sheet. In our hospital every obstetric patient has a MEOWS chart started at the first visit and vital signs documented until discharge. The chart stays with the mother until postnatal discharge. This provides a visual trend of individual physiology, and allows assessment and treatment based on what is abnormal for the patient, not for the population as a whole.

There are some drawbacks to our study. The triggers that we used are set close to the values that define morbidity. Thus, a positive trigger, e.g. high blood pressure, which is associated with morbidity of preeclampsia, often becomes a self-fulfilling for diagnosis. This is a single centre based study in a tertiary referral care centre .Our definitions of morbidity have been incorporated from nationally accepted diagnostic criteria as far as possible, but there is no universal definition for obstetric morbidity, some of these definitions are slightly arbitrary, which will influence whether a woman enters the 'morbidity' group or not.

Despite these limitations, our results strongly support the use of the MEOWS chart for all obstetric patients. In our study the MEOWS chart has high sensitivity, reasonable specificity and a good diagnostic accuracy that reflects a low prevalence of morbidity in our maternal population.

Our study has clearly brought out the significance and correlation of various parameters in relation to the morbidities. In a developing country like India where there is shortage of manpower including doctors and paramedics in the Government sector, identification of high risk cases with these parameters (Blood pressure, Heart rate, Respiratory rate, Temperature, Renal parameters and Haemoglobin) would help a long way in preventing maternal mortality and consequently neonatal mortality.

Management of patients in response to MEOWS chart works out in a specific way of call out cascade. The call out cascade sets out into action to be taken in response to individual MEOWS parameter. The chain of command should be activated and emergency team should be formed in every obstetric unit[33].This should be followed to ensure the appropriate clinicians are called and appropriate management is undertaken at right time. All actions taken must be clearly documented in the records. Guidance on when to involve clinicians from outside of maternity services should be clearly trained to all individuals involved in bedside observation.

In the event that a woman deteriorates and becomes seriously ill, it may be appropriate to involve medical staff from other disciplines such as the Critical Care unit, Haematology, Acute Medicine, Renal Medicine, Cardiology and Surgery. The decision to involve other disciplines should be made by the senior most Obstetrician involved. The quickest way for the woman to be reviewed by a doctor from another specialty is often by consultant to consultant call over, so earlier the senior involvement is encouraged. The sequence of response will depend on local resources and the severity of the patient's clinical condition. When the patient's responsible clinician is not immediately available, a bedside evaluation by a covering clinician is indicated, or when neither of them is available, it will be appropriate to activate an obstetric medical emergency team[34]. This study

highlightens the influence of utilising MEOWS as a predictor of various maternal morbidity.

The findings suggest that MEOWS has value in structuring the surveillance of hospitalised women with established risk of morbidity and the managing high risk mothers at right time and safety of its use maternity services calls into its widespread use in all maternity units. Significant research opportunities exist regarding MEOWS. To achieve sustainable developmental goals in Maternal Mortality MEOWS Observations can help us a lot in preventing avoidable maternal deaths which is the major contributor to maternal mortality. In country with low resource setting like India Impementation of MEOWS will help us in reducing maternal mortality and morbidity to a greater extent and achieve our target early.

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PROFORMA

NAME AGE

IP NUMBER WARD

HEIGHT WEIGHT BMI

LMP EDD OBS CODE

INVESTIGATIONS-

HB RBS URINE ALB

UREA CREATININE

Day	1		2		3	
	AM	PM	AM	PM	AM	PM
TEMPERATURE						
SYST.BP						
DIAST.BP						
HEART RATE						
RESP.RATE						
O2 SATUR						
NEUROL SCORE						
PAIN SCORE						
TRIGGER						

AMNIOTIC FLUID			
LOCHIA			
URINE ALBUMIN			

EDEMA			
BLADDER ACTION			
BOWEL ACTION			
WOUND SITE			

MORBIDITY

HAEMORRHAGE	
PRE ECCLAMPSIA	
INFECTION	
OTHERS	

OBSERVATION

நோயாளி சம்மதக் கடிதம்

ஆய்வுசெய்யப்படும் தலைப்பு:

பிரசவகாலத்தில் ஏற்படும் பின்விளைவுகளை முன்குறியீடுகளை வைத்து தொடக்க நிலையில் கண்டறிதல்.

ஆராய்ச்சிநிலையம்: மகாத்மாகாந்திஅரசுமருத்துவமனை

பங்குபெறும் தாய்மாரின் பெயர்:

பங்குபெறும் தாய்மாரின் எண்:

வயது:

மேலேகுறிப்பிடப்பட்டுள்ளமருத்துவஆய்வின் விவரங்கள் எனக்குவிளக்கப்பட்டது. என்னுடையபிரசவகாலத்தில் ஏற்படும் பின் விளைவுகளையும் அதன் முக்கியதுவத்தையும் மருத்துவரின் மூலம் அறிந்துகொண்டேன். மேற்கொண்டஆய்வில் என்னைஈடுபடுத்திபிரசவகாலத்தில் ஏற்படும் பின் விளைவுகளைதொடக்கநிலையில் கண்டறிந்துஅதற்கானசிகிச்சையும் இந்தஆய்வுகிடைக்கும் என்பதையும் அறிந்து இந்தஆய்வுமுழுமனதுடன் பங்கேற்கசம்மதிக்கிறேன்.

அனைத்துமருத்துவமனைகளில் இருப்பதுபோலவே இம்மருத்துவமுறையிலும் எதிர்பாரா இடர்கள் நேரிடலாம். உங்கள் மருத்துவபதிவேடுகள் மிகவும் அந்தரங்கமாகவைத்துக் கொள்ளப்படும். இந்தஆய்வின் முடிவுகள் பத்திரிக்கைகளில் பிரசுரிக்கப்படலாம். ஆனால் உங்கள் ரகசியத் தன்மைபாதுகாக்கப்படும். இந்தஆய்விலிருந்துதாங்கள் எந்தநேரமும் காரணமில்லாமல் விலகிக்கொள்ளலாம். எப்படியிருந்தாலும் தேவையானசிகிச்சைஅளிக்கப்படும். இதைஅறிந்துதன்னிச்சையாக இந்தஆய்வில் பங்கேற்கிறேன்.

இந்தஆய்வுசம்மந்தமாகவோ இதைசார்ந்துமேலும் மேற்கொள்ளும் மற்றஆய்வுகளில் பங்கேற்கும் மருத்துவர் என் மருத்துவஅறிக்கைகளைபார்ப்பதற்குஎன் அனுமதிதேவையில்லைஎன்பதைஅறிவேன். எனதுமற்றும் எனதுகுழந்தையின் நலன் கருதியே இந்தஆய்வு மேற்கொள்ளப்படுகிறது என்றுதெரிந்து இந்த ஆய்விற்கு சம்மதிக்கிறேன்.

கையொப்பம்

அல்லதுஇடதுகட்டைவிரல் கைநாட்டை

நோயாளியின் தகவல் தாள்

பிரசவகாலத்தில் ஏற்படும் பின்விளைவுகளை முன்குறியீடுகளை வைத்துதொடக்க நிலையில் கண்டறிதல்.

பிரசவகாலத்தில் வரும் ரத்தஅழுத்தம்,ரத்தசோகைஅதனால் ஏற்படும் பின்விளைவுகள் மற்றும் அதனால் குழந்தைக்குஏற்படும் பாதிப்புகள் பற்றிஅறிந்துகொள்ள இந்தஆய்வுமேற்கொள்ளப்படுகிறது.

மேற்கொண்டஆய்வில் என்னைஈடுபடுத்திபிரசவகாலத்தில் ஏற்படும் பின் விளைவுகளைதொடக்கநிலையில் கண்டறிந்துஅதற்கானசிகிச்சையும் இந்தஆய்வு கிடைக்கும் என்பதையும் அறிந்து இந்தஆய்வு முழுமனதுடன் பங்கேற்க சம்மதிக்கிறேன்.

அனைத்துமருத்துவமனைகளில் இருப்பதுபோலவே இம்மருத்துவமுறையிலும் எதிர்பாரா இடர்கள் நேரிடலாம். உங்கள் மருத்துவபதிவேடுகள் மிகவும் அந்தரங்கமாகவைத்துக் கொள்ளப்படும். இந்தஆய்வின் முடிவுகள் பத்திரிக்கைகளில் பிரசுரிக்கப்படலாம். ஆனால் உங்கள் ரகசியத் தன்மைபாதுகாக்கப்படும். இந்த ஆய்விலிருந்துதாங்கள் எந்தநேரமும் காரணமில்லாமல் விலகிக்கொள்ளலாம். எப்படியிருந்தாலும் தேவையானசிகிச்சைஅளிக்கப்படும். இதைஅறிந்துதன்னிச்சையாக இந்தஆய்வில் பங்கேற்கிறேன்.

இந்தஆய்வுசம்மந்தமாகவோ இதைசார்ந்துமேலும் மேற்கொள்ளும் மற்ற ஆய்வுகளில் பங்கேற்கும் மருத்துவர் என் மருத்துவஅறிக்கைகளைபார்ப்பதற்குஎன் அனுமதிதேவையில்லைஎன்பதைஅறிவேன். எனதுமற்றும் எனதுகுழந்தையின் நலன் கருதியே இந்தஆய்வு மேற்கொள்ளப்படுகிறது என்றுதெரிந்து இந்தஆய்விற்கு சம்மதிக்கிறேன்.

கையொப்பம்

அல்லது

இடதுகட்டைவிரல் கைநாட்டை

MASTER CHART

S.No.	NAME	AGE	IP NO	HEIGHT	WEIGHT	OBS CODE	HB	RFT	TEMP	BP	HR	RR	O2 SAT	NEURO SC	PAIN SC	AMN. FLUID	LOCHIA	URINE ALB	EDEMA	BLADDER	BOWEL	WOUND	MORBI DITY	LSCS/ ND	
1	MANIMEGA	23	65941	145	52	PRIMI	10	N	N	N	N	N	98	N	N	C	H	N	N	N	N	H	NO	ND	
2	RAJALAXMI	27	65939	156	64	G2P1L1	9	N	N	N	N	N	99	N	N	C	H	N	N	N	N	H	NO	ND	
3	MEENADEVI	32	65944	156	57	G3P2L2	5	N	N	N	INC	N	98	N	N	C	H	N	N	N	N	H	NO	ND	
4	PARAMESWARI	25	65837	144	51	G3P3L2	7	N	N	N	INC	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
5	ANJALI	20	65953	136	36	PRIMI	8	N	N	INC	INC	INC	93	N	N	C	H	1+	PE	N	N	H	PPH/PRE	ND	
6	THANAMARY	26	65948	148	50	PRIMI	8	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
7	SAKUNTALA	26	62318	158	57	PRIMI	8	N	N	N	N	N	99	N	N	C	H	N	N	N	N	H	NO	VAC DEL	SEC FO FAIL
8	RADHIKA	32	65212	164	67	G4P3L1	8	N	INC	N	INC	N	92	N	N	C	H	N	N	N	N	H	NO	ND	
9	KIRUTIKA	26	65502	152	54	G3P1L1A1	7	N	N	INC	INC	N	91	N	N	C	H	2+	PE	N	N	H	PPH/PRE	LSCS	PREV LSCS
10	NOORJAHAN	27	66061	142	54	PRIMI	9	N	N	INC	N	N	93	N	N	C	H	1+	PRE	N	N	H	PRE	LSCS	F I
11	MARIYAMA	22	66012	172	64	G4P3L3	7	N	N	DEC	INC	INC	90	N	N	C	H	N	N	N	N	H	PPH	LSCS	FTP
12	VIMALA	26	66269	160	59	G3P2L2	8	N	N	INC	INC	N	92	N	N	C	H	TRACE	PE	N	N	H	PPH/PRE	LSCS	PREV LSCS
13	MANIARASI	27	65883	153	54	G1P1L0	8	N	N	N	N	N	97	N	N	C	H	N	N	N	N	H	NO	ND	
14	RADHIKA	24	65224	149	52	G2P1L1	9	N	N	N	INC	N	88	N	2	M	H	N	N	N	N	UH	WD INF	LSCS	FETDIS
15	VIJAYA	21	65864	145	46	PRIMI	8	N	N	DEC	INC	N	93	N	N	C	H	N	N	N	N	H	PPH	LSCS	CPD
16	GEETA	28	65887	156	55	PRIMI	9	N	N	N	N	N	99	N	N	C	H	N	N	N	N	H	NO	ND	
17	VINIBA	36	65865	164	59	G2P1L1	8	N	N	N	N	N	92	N	N	C	H	N	N	N	N	H	NO	ND	
18	NITYA	21	65880	143	47	PRIMI	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
19	KASTURI	24	65892	148	48	G3P2L2	12	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
20	MEENA	19	65898	138	37	PRIMI	9	N	N	N	INC	N	92	N	N	C	H	N	N	N	N	H	NO	ND	
21	ANJALI	27	62121	150	64	PRIMI	7	INC	N	INC	N	N	98	N	N	C	H	3+	PE	N	N	H	PRE	LSCS	BREECH
22	VIJAYA	21	65864	161	73	PRIMI	5	N	N	DEC	INC	INC	88	N	N	M	H	N	N	N	N	H	PPH	LSCS	CPD
23	MERLIN	23	64929	150	60	PRIMI	8	N	N	INC	INC	N	90	N	N	C	H	TRACE	PE	N	N	H	PRE	ND	
24	VANITHA	23	66011	155	68	G2P1L1	8	N	N	INC	INC	INC	92	VOI,AGI	N	C	H	3+	PE	N	N	H	PRE	ND	ECLAMP/ CVT

25	JAYANTHI	29	64910	168	60	G2P1L1	7	N	N	N	INC	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
26	BAKYALAXMI	25	65529	160	75	G3P2L2	8	N	N	N	INC	N	94	N	N	C	H	N	N	N	N	H	PPH	LSCS	PREVLSCS
27	LATHA	35	65210	158	62	PRIMI	9	N	N	N	INC	N	92	N	N	C	H	N	N	N	N	H	NO	ND	
28	SARASWATHY	21	65233	158	63	PRIMI	8	INC	N	INC	N	N	90	N	N	C	H	N	N	DECREASED	N	H	PRE	ND	
29	SASIKALA	25	62105	162	59	G3P2L2	9	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
30	SARANYA	21	65990	143	45	PRIMI	9	N	N	N	N	N	97	N	N	C	H	N	N	N	N	H	NO	ND	
31	RAJESWARI	27	66013	155	60	G4P3L3	9	N	N	N	N	N	92	N	N	C	H	N	N	N	N	H	NO	ND	
32	KOKILA	23	66011	151	54	PRIMI	9	N	N	N	N	N	98	N	N	C	H	N	N	N	N	H	NO	ND	
33	HELEN ROSE	22	65863	146	68	G3P2L2	6	INC	INC	INC	INC	INC	88	N	N	C	H	3+	PE	N	N	H	PRE	ND	PULM EDE
34	POONGODI	26	65526	156	52	PRIMI	9	N	N	N	N	N	97	N	N	C	H	N	N	N	N	H	NO	ND	
35	JAYALAXMI	24	65946	150	53	PRIMI	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
36	SHARMILA BANU	20	66173	145	49	PRIMI	10	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
37	SUGANYA	23	66201	147	50	G2P1L1	9	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	ND	
38	PRASANYA	20	66196	143	46	PRIMI	12	N	N	N	N	N	99	N	N	C	H	N	N	N	N	H	NO	ND	
39	MARY JENIFER	21	66206	148	56	G2P1L1	10	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
40	EBSEEMA	21	66169	145	48	PRIMI	12	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
41	PUSPALATHA	23	66187	150	55	PRIMI	13	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	ND	
42	AKILA	21	66186	145	49	PRIMI	10	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	P.D/F.I
43	REVATHY	24	66191	152	63	PRIMI	11	N	N	INC	INC	N	90	N	N	C	H	TRACE	PE	N	N	H	PRE	LSCS	F.I
44	ANJALAI DEVI	26	65195	155	58	PRIMI	10	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
45	SARALA DEVI	20	66190	143	47	PRIMI	10	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
46	INFANCIA MARY	28	66124	157	62	G4P1L1	10	N	N	N	N	N	92	N	N	C	H	N	N	N	N	H	NO	ND	
47	DEEPA	23	65929	146	47	PRIMI	12	N	N	N	N	N	93	N	N	CC	H	N	N	N	N	H	NO	ND	
48	AROKIYA SELVI	24	66216	148	50	G2P1L1	11	N	N	N	N	N	92	N	N	C	H	N	N	N	N	H	NO	ND	
49	KIRUTIKA	29	66219	156	55	G3P2L2	12	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
50	JOISY	30	65235	154	55	G2P1L0	7	N	N	INC	INC	N	92	N	N	C	H	2+	PE	N	N	H	PRE	LSCS	CPD
51	ANITHA	23	64907	152	54	G3P2L2	10	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
52	MERLIN	23	64123	156	74	PRIMI	12	N	N	INC	INC	N	93	N	N	C	H	1+	PE	N	N	H	PRE	ND	
53	RAMYA	22	65424	156	60	PRIMI	11	N	N	N	N	N	92	N	N	C	H	N	N	N	N	H	NO	ND	
54	REVATHY	27	65407	152	58	PRIMI	10	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
55	KAVITHA	22	65444	158	60	PRIMI	11	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
56	JYOTHI	28	64242	155	48	PRIMI	10	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
57	CHANDRA	24	65411	162	55	G2P1L1	10	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	

58	SHARMILA	26	65451	160	56	G2P1L1	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
59	JULIET	24	65490	155	55	G2P1L1	9	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
60	PARAMESWARI	24	65436	154	54	G2P1L1	10	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
61	ROHINI	27	65457	158	60	PRIMI	9	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
62	RADHIKA	26	65449	165	62	G2P1L1	7	N	N	N	INC	N	90	N	N	C	H	N	N	N	N	H	NO	ND	
63	ASHA MARY	23	65460	154	52	G2P1L1	9	N	N	INC	N	N	93	N	N	C	H	TRACE	PE	N	N	H	PRE	LSCS	PREVLSCS
64	JAYAPRIYA	20	65456	158	55	PRIMI	9	N	N	DEC	INC	N	90	N	N	C	H	N	N	N	N	H	PPH	ND	
65	CHITRA	33	64921	158	58	G2P1L1	9	N	N	INC	N	N	93	N	N	C	H	TRACE	N	N	N	H	PRE	ND	
66	PAVITHRA	23	65396	155	52	G2P1L1	9	N	N	N	INC	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
67	AMBIGA	20	65382	150	56	PRIMI	10	N	N	N	N	N	96	N	N	M	H	N	N	N	N	H	PPH	LSCS	OLIGO
68	MANJULA	28	65398	159	67	G2P1L1	9	N	N	N	INC	N	92	N	N	C	H	N	N	N	N	H	PPH	LSCS	PREVLSCS
69	VIJAYALAXMI	25	65246	153	49	PRIMI	10	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
70	ELAVENI	23	65277	156	66	PRIMI	9	N	N	INC	N	N	90	N	N	C	H	TRACE	PE	N	N	H	PRE	ND	
71	ROSNA	22	65383	150	58	G2P1L1	11	N	N	N	N	N	98	N	N	C	H	N	N	N	N	H	NO	ND	
72	PUSPA	25	65379	154	60	G3P2L2	7	N	INC	N	INC	INC	88	N	1	C	H	N	N	N	N	UH	WD INF	LSCS	PREVLSCS
73	DHANAPAPA	29	60017	159	60	G2P1L0	7	N	N	INC	INC	INC	86	AGI	N	C	H	2+	PE	N	N	H	PRE	LSCS	UNFAV CX ECLAMP
74	JAYALAXMI	22	60455	162	66	PRIMI	10	N	N	N	N	N	98	N	N	C	H	N	N	N	N	H	NO	ND	
75	BARAKTH NISHA	28	8422	159	60	G2P1L1	9	N	N	N	N	N	97	N	N	C	H	N	N	N	N	H	NO	ND	
76	SELVAKUMARI	25	8479	156	57	PRIMI	9	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
77	SHEELA	25	8377	162	67	G2P1L1	11	N	N	N	N	N	97	N	N	C	H	N	N	N	N	H	NO	ND	
78	SHABNA	20	8478	158	59	PRIMI	10	N	N	N	N	N	97	N	N	C	H	N	N	N	N	H	NO	ND	
79	VINODINI	21	8445	160	61	PRIMI	9	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
80	GOMATHY	19	8347	154	50	PRIMI	9	N	N	N	N	N	97	N	N	C	H	N	N	N	N	H	NO	ND	
81	GAYATHRI	32	8454	160	72	G3P2L2	9	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	ND	
82	PRABA	35	8462	160	67	PRIMI	7	N	N	N	INC	N	92	N	N	C	H	N	N	N	N	H	NO	LSCS	BREECH
83	YASODA	29	8388	158	76	G3P1L1A1	8	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
84	SOFIA	29	8485	160	65	PRIMI	9	N	N	N	N	N	97	N	N	C	H	N	N	N	N	H	NO	ND	
85	PAVITHRA	19	8475	152	46	PRIMI	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
86	SELVI	26	8485	158	60	PRIMI	9	N	N	N	N	N	98	N	N	C	H	N	N	N	N	H	NO	ND	
87	REVATHY	25	8396	159	67	G4P3L3	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
88	MAHESHWARI	21	60040	156	58	G2P1L1	10	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
89	GUNASUNDARI	23	8509	154	54	PRIMI	8	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	ND	

90	KANMANI	25	8392	159	71	G3P1L1A1	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
91	VANITHA	28	8568	160	69	G3P2L2	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
92	SAIMATA	25	8534	157	58	PRIMI	9	N	N	INC	N	N	94	N	N	C	H	TRACE	N	N	N	H	PRE	ND	
93	PADMAPRYA	24	8752	160	61	G2P1L1	9	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	ND	
94	MENEGA	24	8620	162	69	G2P1L1	7	N	N	N	INC	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
95	REVATHY	28	5091	157	58	G2P1L1	9	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
96	RAMYA	24	5092	158	59	PRIMI	9	N	N	N	N	N	98	N	N	C	H	N	N	N	N	H	NO	ND	
97	VINOLIA	24	8301	159	60	G4P2L2	9	N	N	N	INC	N	95	N	N	C	H	N	N	N	N	H	PPH	LSCS	PREV LSCS
98	SANGEETA	23	8613	156	58	PRIMI	9	N	N	N	N	N	97	N	N	C	H	N	N	N	N	H	NO	ND	
99	AMUTHA	36	8259	160	59	G2P1L1	10	N	N	N	N	N	97	N	N	C	H	N	N	N	N	H	NO	ND	
100	KANIKAI	24	8630	152	60	G3P2L2	9	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
101	SIVARANJANI	25	8637	151	50	PRIMI	9	N	N	INC	N	N	98	N	N	C	H	TRACE	N	N	N	H	PRE	LSCS	
102	RAJATHI	22	8559	156	61	G2P1L1	10	N	N	INC	N	N	97	N	N	C	H	TRACE	PE	N	N	H	PRE	ND	
103	SATHYA	26	8516	157	62	PRIMI	9	N	N	INC	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
104	FATHIMA	29	8557	159	67	G2P1L1	8	N	N	N	N	N	92	N	N	C	H	N	N	N	N	H	NO	ND	
105	TAMILARASI	19	8643	150	54	PRIMI	8	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
106	GAYATHRI	20	8623	151	60	PRIMI	9	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	PPH	ND	
107	RADHIKA	29	8655	158	65	G3P2L2	7	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
108	PARVEEN	26	8658	154	62	G2P1L1	8	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
109	JENIFER	25	8686	158	67	PRIMI	9	N	N	N	N	N	98	N	N	C	H	N	N	N	N	H	NO	ND	
110	MEENACHI	28	8699	153	58	PRIMI	8	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	ND	
111	RAHMATH	19	8661	150	52	PRIMI	8	N	N	INC	N	N	94	N	N	M	H	1+	N	N	N	H	PRE	LSCS	FET. DIS
112	DEEPA	26	8624	158	60	PRIMI	8	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	LSCS	PROM
113	JAYALAXMI	22	8355	154	62	G3P2L2	9	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	ND	
114	PARAMESWARI	24	8476	158	61	PRIMI	8	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	LSCS	CPD
115	UMARANI	24	8710	160	67	G2P1L1	8	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	ND	
116	KAMACHI	22	8391	158	60	G2P1L1	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	FET. DIS
117	INDRA	31	7250	157	62	G2P1L1	8	N	N	INC	N	N	94	N	N	C	H	TRACE	N	N	N	H	PRE	ND	
118	LAXMI	22	8703	159	64	G2P1L1	9	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	LSCS	PROM
119	REVATHY	35	8489	158	72	G5P4L1	7	N	N	N	INC	N	93	N	N	M	H	N	N	N	N	H	NO	LSCS	FET. DIS
120	RAJESWARI	27	8685	156	66	G2P1L1	8	N	N	INC	INC	N	94	N	N	C	H	1+	PE	N	N	H	PRE	LSCS	CPD
121	DEVI	29	8753	156	58	G2P1L1	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
122	AKILA	27	8779	160	67	G2P1L1	9	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	

123	INDRA	27	5577	157	62	G2P1L1	8	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	ND	
124	MUTHULAXMI	25	5578	151	63	G2P1L1	7	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
125	NITYA	23	8790	156	63	G2P1L1	9	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	VACDEL	PROPHYLACTIC
126	SRIPRYA	22	8746	152	51	PRIMI	8	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	ND	
127	KALARANI	27	8647	160	62	PRIMI	9	N	N	N	INC	N	94	N	N	C	H	N	N	N	N	H	PPH	ND	
128	JANANI	24	8692	158	64	G2P1L1	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
129	RAMYA	25	8736	160	66	G4P2L2A1	7	N	N	N	N	N	92	N	N	C	H	N	N	N	N	H	NO	ND	
130	THANGAMAL	19	8787	151	48	PRIMI	8	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
131	SUBASRI	21	8803	152	52	PRIMI	9	N	N	INC	N	N	95	N	N	C	H	1+	N	N	N	H	PRE	ND	
132	MALARKODI	24	8569	158	60	G2P1L1	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	PREVLSCS
133	POTHUMPONNU	25	8808	157	57	PRIMI	8	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	LSCS	CPD
134	KANAGA	22	8489	148	46	PRIMI	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	OLIGO
135	VALLI	24	8869	158	61	G2P1L1	9	N	N	N	N	N	97	N	N	C	H	N	N	N	N	H	NO	ND	
136	CHITRA	27	8312	159	63	PRIMI	8	N	N	INC	N	N	94	N	N	C	H	TRACE	PE	N	N	H	PRE	LSCS	CPD
137	POTHUMPONNU	23	8856	156	60	G2P1L1	8	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	LSCS	PREVLSCS
138	NATHYA	21	8855	156	57	PRIMI	9	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	LSCS	BREECH
139	BHUVANA	27	8503	156	60	PRIMI	8	N	N	N	N	N	95	N	N	M	H	N	N	N	N	H	NO	LSCS	FET. DIS
140	RADHIKA	24	8884	156	64	G3P2L2	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
141	DHANALAXMI	23	8898	157	63	G3P1L1A1	8	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
142	SANTYA	19	8936	151	50	PRIMI	8	N	N	N	N	N	92	N	N	C	H	N	N	N	N	H	NO	ND	
143	MAHESHWARI	24	8494	158	64	G2P1L1	8	N	N	INC	INC	N	96	N	N	C	H	1+	PE	N	N	H	PRE	ND	
144	SELVARANI	25	8886	157	63	PRIMI	8	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	ND	
145	ANNALAXMI	22	8959	156	64	G2P1L1	9	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
146	MADHINA	24	8881	154	60	PRIMI	9	N	N	N	N	N	97	N	N	C	H	N	N	N	N	H	NO	ND	
147	KANIKAI	22	8807	158	63	PRIMI	8	N	N	INC	N	N	94	N	N	C	H	TRACE	N	N	N	H	PRE	ND	
148	RUBY	24	8973	157	62	PRIMI	9	N	N	N	N	N	98	N	N	C	H	N	N	N	N	H	NO	ND	
149	ISHWARYA	19	8106	153	52	PRIMI	8	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	ND	
150	HEMALATA	24	8720	160	67	G3P1L1A1	8	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	ND	
151	RADHA	30	9005	158	69	G2P1L1	9	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
152	KALARANI	22	8902	157	62	PRIMI	8	N	N	INC	N	N	94	N	N	M	H	2+	PE	N	N	H	PRE	LSCS	FET. DIS
153	USHADEVI	26	8889	156	61	PRIMI	9	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	LSCS	CPD
154	GAYATHRI	25	8810	150	59	PRIMI	7	N	N	N	INC	N	92	N	N	C	H	N	N	N	N	H	NO	LSCS	POST.D
155	SARASU	23	8885	146	45	PRIMI	7	N	N	INC	N	N	92	N	N	C	H	2+	PE	N	N	H	PRE	ND	

156	HEMALATA	22	9024	152	58	G2P2L1	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	PREVLSCS
157	SHEELA	31	60143	155	62	G2P2L1	7	N	N	INC	N	N	95	N	N	C	H	N	N	N	N	H	NO	LSCS	PREV.LSCS
158	SASIKALA	30	9034	142	41	PRIMI	7	N	N	INC	N	N	93	N	N	C	H	N	N	N	N	H	NO	LSCS	CPD
159	UMADEVI	24	9050	152	56	PRIMI	9	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
160	CHITRA	29	9053	152	60	G2P1L1	8	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	ND	
161	SARANYA	26	9046	157	64	PRIMI	8	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	LSCS	BREECH
162	FATHIMA	25	8539	150	67	G4P2L2A1	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
163	CHITRA	26	9119	154	63	PRIMI	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	POST.D/FI
164	JAYALAXMI	21	8960	152	52	PRIMI	8	N	N	INC	N	N	93	N	N	C	H	TRACE	N	N	N	H	PRE	LSCS	CPD
165	SELVI	22	9122	151	54	PRIMI	8	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	LSCS	PROM/FI
166	RANJANI	26	9134	153	58	G2P1L1	9	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	LSCS	CPD
167	KARTHIKADEVI	26	9150	153	64	G2P1L1	8	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
168	BARATHI	24	9146	157	66	G2P1L1	8	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	ND	
169	SUGANYA	20	9165	148	49	PRIMI	7	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
170	NIROSHA	29	9131	150	57	PRIMI	8	N	N	N	N	N	94	N	N	M	H	N	N	N	N	H	NO	LSCS	FET. DIS
171	JENIFER	26	9180	152	59	PRIMI	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
172	BALASUNDARI	26	9186	150	57	PRIMI	7	N	N	INC	INC	INC	90	N	N	C	H	3+	PE	N	N	H	PRE	LSCS	ECLAMP
173	THANGAMAL	23	7415	152	63	G2P1L1	8	N	N	N	INC	N	94	N	N	C	H	N	N	N	N	H	PPH	LSCS	ABR PLA
174	PRADEEPA	28	60146	157	70	G3P1L1A1	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
175	KAYALVIZHI	24	9125	156	62	G3P2L2	9	N	N	INC	INC	N	94	N	N	C	H	1+	PE	N	N	H	PPH/PRE	ND	
176	GOWTHAMI	22	8942	156	70	G3P1L1A1	8	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	ND	
177	BARATHI	21	9206	152	52	PRIMI	9	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
178	SHANTI	28	9185	155	64	G3P2L2	8	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	ND	
179	BUVANESWARI	20	9132	151	50	PRIMI	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
180	SHANTINI	24	9212	140	41	PRIMI	8	N	N	N	N	N	92	N	N	C	H	N	N		N	H	NO	LSCS	CPD
181	PODHUMPONNU	23	9205	153	56	PRIMI	9	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
182	SARADA	22	9031	156	67	PRIMI	7	N	N	DEC	INC	N	93	N	N	C	H	N	N	N	N	H	PPH	LSCS	PLA PREV / SUB HYS
183	SUGUNA	30	8848	156	68	G2P1L1	8	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	LSCS	PREV.LSCS
184	MARIYAMA	29	8867	153	64	G3P2L2	7	N	N	N	N	N	92	N	N	C	H	N	N	N	N	H	NO	LSCS	PREV.LSCS
185	SELVI	24	9137	152	61	G2P1L1	7	N	N	INC	N	INC	93	N	N	C	H	TRACE	N	N	N	H	PRE	ND	
186	SHANTI	26	8822	154	64	G2P1L1	8	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	LSCS	PREV.LSCS
187	INDUPRIYA	22	8491	152	58	G2P1L1	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	PREV.LSCS

188	SARAMMAL	26	9233	153	64	G2P1L1	9	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
189	MAHALAXMI	26	9044	154	66	G2P1L1	8	N	N	INC	N	N	94	N	N	C	H	TRACE	N	N	N	H	PRE	LSCS	PREV.LSCS
190	MAHESHWARI	28	9242	153	69	G3P1L1A1	8	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	LSCS	PREV.LSCS
191	ANEES BEGUM	26	9340	150	57	G3P2L2	8	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
192	THULASI	24	9058	153	60	G2P1L1	9	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	ND	
193	RAJALAXMI	20	9263	154	61	PRIMI	8	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
194	PRIYA	32	9358	156	70	G2P1L1	7	N	N	N	N	N	92	N	N	C	H	N	N	N	N	H	NO	ND	
195	DHANALAXMI	23	8336	153	58	PRIMI	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	CPD
196	ESWARI	31	9249	152	72	G2P1L1	7	N	N	N	N	N	92	N	N	C	H	N	N	N	N	H	NO	LSCS	PREV.LSCS
197	FIROSE	19	9116	152	50	PRIMI	8	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	LSCS	POST.D/FI
198	MARY JENIFER	26	9113	153	60	PRIMI	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	CPD
199	MALATHY	N	60093	157	66	PRIMI	7	N	N	INC	INC	N	91	N	N	C	H	2+	N	N	N	UH	WI/PRE	LSCS	
200	PARAMESWARI	20	9256	157	62	PRIMI	8	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	LSCS	CPD
201	SELVI	29	9363	158	70	PRIMI	8	N	N	INC	INC	N	96	N	N	C	H	TRACE	PE	N	N	H	PRE	ND	
202	PITCHAIAMAL	27	9282	154	64	G2P1L1	9	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	ND	
203	KOKILA	30	9389	156	65	PRIMI	7	N	N	N	N	N	95	N	N	M	H	N	N	N	N	H	NO	LSCS	FET. DIS
204	SUMITRA	30	9320	153	69	PRIMI	8	N	N	N	N	N	96	N	N	C	H	NN	N	N	N	H	NO	LSCS	CPD
205	SUGANYA	20	9390	151	50	PRIMI	7	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
206	RAJESWARI	24	9115	157	56	PRIMI	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	PPH	ND	
207	CHANDRA	27	9328	158	68	PRIMI	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	CPD
208	MURUGESWARI	31	9326	156	61	G2P1L1	8	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	ND	
209	SHANTI	24	9378	157	67	G3P1L1A1	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
210	SARADA	28	9385	159	67	PRIMI	9	N	N	N	INC	N	93	N	N	C	H	N	N	N	N	H	PPH	LSCS	BREECH
211	SHEELA	26	9380	158	62	PRIMI	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	OLIGO
212	REVATHY	29	9342	153	60	G2P1L1	7	N	N	N	INC	INC	92	N	N	C	H	N	N	N	N	H	NO	ND	
213	SATHYA	20	9401	152	49	PRIMI	7	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	LSCS	CPD
214	PARIMALA	27	9414	153	59	G2P1L1	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	PREV.LSCS
215	SUGANYA	21	9415	156	58	PRIMI	9	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
216	ARPUDADEEPA	25	9436	158	67	G2P1L1	8	N	N	INC	N	N	94	N	N	C	H	2+	N	N	N	H	PRE	ND	
217	KEERTHIKA	20	9413	156	63	PRIMI	10	N	N	N	N	N	98	N	N	C	H	N	N	N	N	H	NO	ND	
218	DEVIKA	25	9361	152	59	PRIMI	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	CPD
219	NIRMALA	23	9435	155	60	PRIMI	9	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	LSCS	POST.D
220	VIJAYA	21	9258	156	68	G2P1L1	7	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	

221	MOHANASUND	20	9728	154	50	PRIMI	8	N	N	INC	INC	N	92	N	N	C	H	3+	PE	N	N	H	PPH/PRE	LSCS	
222	RAJESWARI	27	9471	152	69	G3P2L2	8	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	LSCS	PREV.LSCS
223	VASANTA	25	9503	154	65	G2A1	9	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	LSCS	CPD
224	SATHYA	22	9456	151	64	PRIMI	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	PROM/FI
225	VIJAYA	32	9555	160	70	G2P1L1	8	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	LSCS	PREV.LSCS
226	CHITRA	25	9534	159	69	PRIMI	9	N	N	N	N	N	97	N	N	C	H	N	N	N	N	H	NO	LSCS	PREV.LSCS
227	RENUGA	25	9501	154	60	PRIMI	8	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	ND	
228	KIRUTIKA	28	9454	158	68	PRIMI	7	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
229	MAREESWARI	24	9541	152	51	PRIMI	7	N	N	INC	N	N	94	N	N	C	H	1+	N	N	N	H	PRE	LSCS	
230	PRIYADARSINI	20	9510	156	60	PRIMI	8	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	LSCS	POST.D/FI
231	RADHA	24	9575	156	66	G5P4L4	7	N	N	INC	INC	N	92	N	N	C	H	N	N	N	N	H	PPH	LSCS	PREV.LSCS SUB HYS
232	PRIYA	23	9566	158	63	PRIMI	7	N	N	INC	INC	N	92	N	N	C	H	1+	PE	N	N	H	PPH/PRE	LSCS	
233	KEERTANA	20	9614	153	55	PRIMI	8	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	LSCS	CPD
234	REVATHY	25	9616	156	65	G3P2L2	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	PREV.LSCS
235	KAVITHA	21	9601	157	63	PRIMI	8	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	LSCS	FET. DIS
236	MANIMEGA	23	9369	156	66	PRIMI	8	N	N	N	INC	N	95	N	N	C	H	N	N	N	N	H	NO	LSCS	PROM/FI
237	JERINA BEGUM	25	9331	157	76	G3P2L2	9	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	LSCS	PREV.LSCS
238	MAHALAXMI	23	9072	158	72	G2P1L0	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	PREV.LSCS
239	ARAYEE	35	9273	156	65	G6P2L1A3	6	N	N	N	N	INC	90	N	N	C	H	N	N	N	N	UH	WI	LSCS	PREV.LSCS PLAPRE
240	BARAKTH NISHA	22	9323	158	70	G2P1L1	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	PREV.LSCS
241	VINOLIA	31	9508	157	66	G3P2L2	9	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	LSCS	PREV.LSCS
242	MARIYAYI	32	9329	156	62	G2A1	8	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	LSCS	CPD
243	SARANYA	20	9512	151	40	PRIMI	9	N	N	N	N	N	95	N	N	M	H	N	N	N	N	H	NO	LSCS	FET. DIS
244	MARY JENIFER	30	9560	151	49	G3A2	8	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	LSCS	CPD
245	PREMALATA	23	9573	142	39	PRIMI	7	N	N	N	N	N	92	N	N	C	H	N	N	N	N	H	NO	LSCS	CPD
246	NANDINI	21	9683	142	42	PRIMI	7	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	LSCS	CPD
247	PRIYA	27	9715	150	51	G2P1L1	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	PREVLSCS
248	MARIYAMA	23	9090	147	43	G2P1L1	8	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	LSCS	PREVLSCS
249	THEBORAS	24	9726	145	42	PRIMI	8	N	N	INC	INC	N	96	N	N	C	H	2+	PE	N	N	H	PPH/PRE	LSCS	CPD
250	LATHA	30	9739	140	38	PRIMI	9	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	LSCS	CPD
251	DHIVYA	23	9722	150	50	PRIMI	8	N	N	INC	N	INC	94	N	N	C	H	1+	N	N	N	H	PPH/PRE	ND	
252	NAGAMAI	21	9770	151	52	PRIMI	9	N	N	N	N	N	92	N	N	C	H	N	N	N	N	S	NO	ND	PARAILEUS

253	METILDA	29	9763	143	42	PRIMI	7	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
254	JAYACHITRA	23	9762	146	47	PRIMI	8	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	ND	
255	PADMAPRYA	27	9677	152	59	G3P2L2	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
256	DHANALAXMI	35	9765	149	62	G4P3L3	7	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
257	THANGAMANI	22	9798	146	46	G2P1L1	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
258	PARVEEN	20	9761	142	45	PRIMI	8	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	LSCS	FET. DIS
259	KALPANA	28	9795	150	60	PRIMI	9	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	LSCS	CPD
260	KALEESWARI	24	9667	149	58	G2A1	7	N	N	N	INC	N	95	N	N	C	H	N	N	N	N	H	PPH	LSCS	CPD
261	SHANTI	25	9816	151	52	G3P2L2	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	CPD
262	NANDINI	23	9801	146	43	PRIMI	8	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
263	MURUGAYEE	35	9780	152	62	G3P2L2	9	N	N	INC	N	N	96	N	N	C	H	TRACE	N	N	N	H	PPH/PRE	LSCS	PREVLSCS
264	YAMUNA	22	8736	151	49	PRIMI	8	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	ND	
265	RAMYA	21	9821	143	43	PRIMI	10	N	N	N	N	N	99	N	N	C	H	N	N	N	N	H	NO	ND	
266	THANGAMANI	27	60163	140	39	PRIMI	7	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	CPD
267	MAHALAXMI	19	9796	142	40	PRIMI	8	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
268	PRATIBA	22	9835	147	51	PRIMI	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
269	PONNAMAL	35	9705	148	58	G2A1	8	N	N	INC	INC	N	92	N	N	M	H	TRACE	PE	N	N	H	PPH/PRE	LSCS	FET. DIS
270	MUTHULAXMI	31	9875	150	59	G3P2L2	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
271	USHARANI	28	9681	151	61	G2P1L1	8	N	N	N	N	N	96	N	N	C	H	N	PE	N	N	H	PRE	LSCS	PREV.LSCS
272	YOGESHWARI	25	9890	149	50	G2A1	7	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	BREECH
273	ANITHA	20	9828	142	39	PRIMI	8	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
274	POOVILI	20	9832	147	45	G3P2L2	8	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
275	INDRANI	27	9622	150	55	PRIMI	8	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	LSCS	CPD
276	SUBASRI	24	9946	148	49	PRIMI	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
277	ANEES BEGUM	26	9955	147	50	G2P1L1	9	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	ND	
278	VENNILA	26	9958	148	53	PRIMI	7	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	LSCS	CPD
279	JANANI	19	9962	146	40	PRIMI	9	N	N	INC	N	N	94	N	N	C	H	2+	PE	N	N	H	PRE	LSCS	CPD
280	KAMACHI	20	9959	149	49	PRIMI	8	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	ND	
281	PODHUMPONNU	27	9964	151	56	PRIMI	9	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
282	SARANYA	25	9892	152	51	PRIMI	8	N	N	N	N		94	N	N	C	H	N	N	N	N	H	NO	ND	
283	MANJULA	22	9986	147	46	G2P1L1	8	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	ND	
284	REVATHY	25	10001	148	51	G2A1	7	N	N	N	INC	N	93	N	N	M	H	N	N	N	N	H	NO	LSCS	OBS.LAB
285	GIRIJA	25	60165	152	60	G2P1L1	8	N	N	INC	N	N	94	N	N	C	H	N	N	N	N	H	N0	LSCS	FET. DIS

286	JAYABARATI	19	10002	143	38	PRIMI	7	N	N	INC	INC	N	90	AGI	2	C	H	3+	PE	N	N	H	PPH/PRE	LSCS	ECLAMP
287	DEVIKA	28	10028	147	51	G5P4L4	6	N	N	N	N	N	89	N	N	C	H	N	N	N	N	H	NO	ND	
288	KANAGA	20	9279	142	48	PRIMI	7	N	N	INC	N	N	92	N	N	C	H	1+	N	N	N	H	PRE	ND	
289	KRISHNAPRYA	22	9954	143	49	G2P1L1	8	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
290	SUDHA	23	6716	146	50	PRIMI	7	N	N	DEC	INC	N	92	N	N	C	H	N	N	N	N	H	PPH	ND	
291	BHUVANA	26	10080	150	51	G3P2L2	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
292	NANDINI	20	10100	140	35	PRIMI	8	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
293	KIRUTIKA	21	10102	147	50	PRIMI	8	N	N	N	N	N	94	N	N	M	H	N	N	N	N	H	NO	LSCS	FET. DIS
294	PANDIMEENA	20	10063	142	46	PRIMI	9	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
295	RENUGA	20	10094	145	47	PRIMI	8	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	ND	
296	SUGANYA	23	10087	150	50	PRIMI	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
297	SATHYA	21	10067	145	42	PRIMI	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
298	SUDHA	29	10078	151	61	PRIMI	8	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	ND	
299	VIJAYA	30	9833	154	66	PRIMI	9	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	LSCS	POST.D/FI
300	LAXMI	38	10105	156	69	G3P2L2	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	POST.D/FI
301	SATHYA	27	10055	152	48	PRIMI	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	CPD
302	VEMBU	22	10027	142	42	PRIMI	9	N	N	N	N	N	93	N	N	M	H	N	N	N	N	H	NO	LSCS	BREECH
303	SAHAYA	37	10123	154	67	G3P2L2	8	N	N	DEC	N	N	94	N	N	C	H	N	N	N	N	H	PPH	LSCS	PREV.LSCS
304	MOHANASUND	23	10151	146	47	G2P1L1	9	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	LSCS	PREVLSCS
305	VAHITABANU	20	9528	142	40	G2P1L1	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	PREVLSCS
306	KAVITHA	29	8564	153	68	G2P1L1	9	N	N	INC	INC	N	93	VOI,AGI	2	C	H	2+	PE	N	N	UH	WI/PRE	LSCS	ECLAMPSIA
307	SUDHA	31	10176	152	58	G2P1L1	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	PREVLSCS
308	SELVARANI	26	10225	149	53	PRIMI	10	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	LSCS	OLIGO
309	SARALA DEVI	23	10156	147	53	G2P1L1	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	PPH	LSCS	PREVLSCS
310	POORNIMA	27	10208	152	60	PRIMI	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	OLIGO
311	SUNDARI	21	10218	143	48	PRIMI	8	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	LSCS	OLIGO
312	BHUVANA	28	10248	152	54	G2P1L1	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	OLIGO
313	MONISHA	20	10286	141	40	PRIMI	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
314	NITHYA	22	10310	146	50	PRIMI	9	N	N	N	INC	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
315	SUJITHA	29	10125	152	57	G2P1L1	10	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
316	SUMATHY	30	10321	153	60	G3P2L2	8	N	N	INC	N	N	93	N	N	C	H	TRACE	N	N	N	H	PRE	ND	
317	MOHANAPRYA	22	10275	147	49	PRIMI	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
318	SUMATHY	34	10256	152	68	PRIMI	9	N	N	INC	N	N	93	N	N	C	H	1+	PE	N	N	H	PRE	LSCS	CPD

319	SUMATHY	21	10241	137	36	PRIMI	8	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	LSCS	POST.D/FI
320	TAMILSELVI	21	9638	143	46	PRIMI	8	N	N	INC	INC	N	94	N	N	M	H	N	N	N	N	H	PPH	LSCS	FET. DIS
321	RAJESWARI	21	10140	145	48	PRIMI	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
322	JAYAKUMARI	27	10162	156	67	G2P1L1	9	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
323	ARYAMALA	29	10317	152	60	G2P1L1	9	N	N	INC	INC	N	94	N	N	C	H	2+	PE	N	N	H	PRE	ND	VAC DEL SECFO FAIL
324	NADYA	23	9296	147	41	PRIMI	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
325	SHANTI	24	10324	150	53	G2P1L1	9	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	ND	
326	KAMACHI	24	10344	146	52	G2P1L1	9	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	LSCS	FET. DIS
327	BAKYAM	27	10431	149	62	PRIMI	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
328	LAXMI	22	10413	145	48	G2P1L1	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
329	KALIAMAL	20	10383	140	39	PRIMI	9	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	LSCS	POST.D/FI
330	KRISNAVENI	25	10443	145	52	PRIMI	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	POST.D/FI
331	RATHNAKUMARI	23	10337	146	56	PRIMI	9	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
332	THASLEEM	21	10441	147	57	PRIMI	10	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	LSCS	CPD
333	KIRUTIKA	25	10190	156	68	G2P1L1	9	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	LSCS	POST.D/FI
334	DURGA	25	10469	146	53	G2P1L1	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
335	AMBIGA	24	10463	147	52	G2A1	8	N	N	N	N	N	95	N	N	M	H	N	N	N	N	H	NO	LSCS	FET. DIS
336	BUVANESWARI	24	10254	146	53	PRIMI	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	POST.D/FI
337	KEERTANA	20	10494	141	40	G2A1	9	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	LSCS	CPD
338	ABHIRAMI	28	10502	147	60	PRIMI	10	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	ND	
339	VIJAYA	28	10507	148	58	G2P1L1	8	N	N	N	N	N	95	N	N	C	H	1+	PE	N	N	H	PRE	ND	
340	SUDHA	31	10513	152	68	G2P1L1	9	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	LSCS	PREVLSCS
341	MAHALAXMI	30	10524	150	63	G2P1L1	8	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	LSCS	PREVLSCS
342	SATYA	19	10522	140	38	PRIMI	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
343	LEOMARY	28	9478	147	63	G2P1L1	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	PREVLSCS
344	PODHUMPONNU	28	9831	147	52	PRIMI	9	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	LSCS	CPD
345	JAYANTHI	19	10181	141	41	PRIMI	8	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	LSCS	CPD
346	VAHITABANU	23	9676	143	50	G2P1L1	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	PREVLSCS
347	KOKILA	27	10350	147	62	G3P2L2	8	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	LSCS	PREVLSCS
348	SUGANYA	23	10474	142	40	PRIMI	9	N	N	INC	N	N	93	N	N	C	H	N	N	N	N	H	NO	LSCS	CPD
349	MUTHULAXMI	29	10546	151	62	G4P2L1A1	8	N	N	INC	N	N	93	N	N	C	H	NIL	N	N	N	H	PRE	LSCS	PREVLSCS
350	DURGA	21	10448	146	49	PRIMI	9	N	N	N	N	N	94	N	N	M	H	N	N	N	N	H	NO	LSCS	FET. DIS

351	DHANALAXMI	20	10508	143	46	PRIMI	8	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	ND	
352	MYTHILI	21	10398	143	48	PRIMI	8	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	ND	
353	ROSYA BANU	30	10090	156	66	G3P2L2	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
354	SELVI	20	10512	142	41	PRIMI	10	N	N	N	N	N	97	N	N	C	H	N	N	N	N	H	NO	ND	
355	SUDHARANI	22	10519	145	50	PRIMI	9	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	LSCS	FET. DIS
356	CHITRA	23	10532	145	46	PRIMI	9	N	N	INC	N	N	95	N	N	C	H	1+	N	N	N	H	PRE	ND	
357	NASREEN	23	60169	143	47	PRIMI	8	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	LSCS	FET. DIS
358	SANTHI	24	10162	147	51	G2P1L1	9	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	LSCS	PREVLSCS
359	ANBUKARASI	27	60160	150	60	PRIMI	9	N	N	INC	N	N	94	N	N	C	H	1+	PE	N	N	H	PRE	LSCS	OLIGO
360	SUJITHA	29	60171	168	53	PRIMI	8	N	N	N	N	N	93	N	N	M	H	N	N	N	N	H	NO	LSCS	OLIGO
361	KRISHNAMAL	36	10601	152	66	G4A3	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
362	GIRIJA	21	60175	146	50	PRIMI	9	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	LSCS	PROM/FI
363	MAGUDESWARI	22	60174	147	48	PRIMI	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
364	GANGESWARI	22	10666	149	48	PRIMI	10	N	N	N	N	N	97	N	N	C	H	N	N	N	N	H	NO	ND	
365	KASTURI	24	60179	150	57	PRIMI	9	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	LSCS	CPD
366	JENIFER	25	10668	148	52	G3P2L1	9	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	LSCS	PREVLSCS
367	PARIMALA	19	60172	141	40	PRIMI	8	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
368	AMSAVALLI	22	10702	147	47	PRIMI	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
369	PAPPATI	30	10680	150	58	G2P1L1	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	PREVLSCS
370	SRIPRYA	19	10595	141	38	PRIMI	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
371	AMARAVATY	20	10710	142	41	PRIMI	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
372	SUDHA	27	10693	151	56	PRIMI	8	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	LSCS	CPD
373	THAVASU	23	10671	147	48	PRIMI	8	N	N	INC	N	N	94	N	N	C	H	TRACE	PE	N	N	H	PRE	ND	
374	SULOCHANA	23	10699	145	47	PRIMI	9	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	ND	
375	VIJAYA	21	10840	147	48	PRIMI	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	CPD
376	ANEESBANU	22	10770	147	51	G2P1L0	8	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	LSCS	PREVLSCS
377	GAYATHRI	24	10614	149	57	G2A1	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	CPD
378	RAMYA	23	10643	146	41	PRIMI	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
379	HANJIYUNI	23	10893	146	46	G2P1L1	8	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	ND	
380	DILSATH	20	10688	142	39	PRIMI	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	CPD
381	VASUKI	36	10714	151	68	G5P4L4	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
382	SUGANYA	25	10892	149	57	G3P1L1A1	8	N	N	INC	INC	N	90	AGI	N	C	H	3+	PE	N	N	H	PRE	LSCS	ECLAMPSIA
383	MUMTAZ	24	10897	148	51	PRIMI	8	N	N	N	INC		93	N	N	C	H	N	N	N	N	H	NO	LSCS	BREECH

384	REVATHY	30	10928	152	60	G2P1L1	9	N	N	N	N	N	92	N	N	C	H	N	N	N	N	H	NO	ND	
385	SHENBAGAVALLI	30	10975	154	67	G3P2L2	10	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	ND	
386	DEEPA	28	10399	151	58	G2P1L1	9	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	LSCS	PREVLSCS
387	SARITA	21	10598	142	39	PRIMI	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	CPD
388	ANITHA	23	9840	148	51	G2P1L1	8	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	LSCS	PREVLSCS
389	SUSILA	38	8378	149	57	PRIMI	6	N	N	N	INC	N	91	N	1	C	H	N	N	N	N	UH	W I	LSCS	TWIN/
390	GAYATHRI	22	10468	146	48	G2P1L0	7	N	N	INC	N	N	92		N	C	H	2+	PE	N	N	H	PRE/PPH	LSCS	OLIGO
391	SUGANTHI	25	11017	138	38	PRIMI	8	N	N	INC	N	N	92		N	C	H	NIL	N	N	N	H	PRE	LSCS	CPD
392	YUVARANI	20	10954	147	48	PRIMI	8	N	N	N	N	N	92		N	M	H	N	N	N	N	H	NO	LSCS	BREECH
393	REVATHY	29	11009	151	61	G2P1L1	9	N	N	N	N	N	92		N	C	H	N	N	N	N	H	NO	LSCS	PREVLSCS
394	LAXMI	27	9523	146	68	G7P6L5A1	7	N	N	N	N	N	92		N	C	H	N	N	N	N	H	NO	LSCS	PREVLSCS
395	VASANTI	22	11069	147	49	PRIMI	8	N	N	INC	N	N	93		N	C	H	TRACE	N	N	N	H	PRE	LSCS	CPD
396	REVATHY	26	11073	145	48	PRIMI	9	N	N	N	N	N	92		N	C	H	N	N	N	N	H	NO	LSCS	BREECH
397	THILAGA	27	60176	151	56	G2P1L1	9	N	N	N	N	N	94		N	C	H	N	N	N	N	H	NO	ND	
398	VELLAYAMAL	24	11091	147	53	G2P1L1	8	N	N	N	N	N	95		N	C	H	N	N	N	N	H	NO	ND	
399	SATYA	28	10792	150	60	G2P1L1	9	N	N	INC	INC	N	93		N	C	H	1+	N	N	N	H	PRE/PPH	LSCS	PREVLSCS
400	MOHANAPRYA	30	11062	150	60	PRIMI	9	N	N	N	N	N	94		N	C	H	N	N	N	N	H	NO	LSCS	CPD
401	PRABA	25	11061	148	52	PRIMI	8	N	N	INC	INC	N	92	VOI,AGI	N	C	H	3+	PE	N	N	H	PRE	LSCS	ECLAMPSIA
402	LAXMI	23	11015	146	48	G2P1L1	9	N	N	N	N	N	93		N	C	H	N	N	N	N	H	NO	ND	
403	SAKUNTALA	22	11076	147	49	G2P1L1	9	N	N	N	N	N	94		N	C	H	N	N	N	N	H	NO	ND	
404	RAJESWARI	21	60167	145	41	PRIMI	8	N	N	N	N	N	93		N	C	H	N	N	N	N	H	NO	ND	
405	CHITRA	27	11132	151	53	PRIMI	9	N	N	N	N	N	93		N	C	H	N	N	N	N	H	NO	ND	
406	UMADEVI	24	11113	146	48	G2P1L1	9	N	N	N	N	N	94		N	C	H	N	N	N	N	H	NO	ND	
407	BHUVANADEVI	21	11046	146	41	PRIMI	11	N	N	N	N	N	96		N	C	H	N	N	N	N	H	NO	ND	
408	SUMATHY	38	11139	152	58	G6P5L4	7	N	N	N	N	N	91		N	C	H	N	N	N	N	UH	W I	LSCS	BREECH
409	BARAKATH	20	10626	145	41	PRIMI	8	N	N	INC	N	N	93		N	C	H	1+	N	N	N	H	PRE	LSCS	CPD
410	GOKILA	30	11059	151	61	G2P1L1	8	N	N	N	N	N	94		N	C	H	N	N	N	N	H	NO	LSCS	FET. DIS
411	PRIYA	23	11090	142	48	PRIMI	9	N	N	N	N	N	93		N	C	H	N	N	N	N	H	NO	LSCS	PROM/FI
412	KARUPAYEE	22	11169	135	36	PRIMI	8	N	N	N	N	N	94		N	C	H	N	N	N	N	H	NO	LSCS	CPD
413	SATYAPRYA	32	11011	151	56	G3P1L1A1	8	N	N	N	N	N	93		N	C	H	N	N	N	N	H	NO	LSCS	PREVLSCS
414	BHUVANEAWRI	29	11065	152	61	G2P1L1	8	N	N	N	N	N	92		N	M	H	N	N	N	N	H	NO	LSCS	FET. DIS
415	MAHALAXMI	23	11175	147	52	PRIMI	9	N	N	N	N	N	95		N	C	H	N	N	N	N	H	NO	LSCS	CPD
416	RAJESWARI	33	11100	152	69	G4P2L1A1	7	N	N	N	INC	N	92		N	C	H	N	N	N	N	UH	W I	LSCS	SCAR DEH

417	MARYAPUSPAM	38	11234	152	58	G2P1L1	8	N	N	INC	N	N	93		N	C	H	TRACE	PE	N	N	H	PRE	ND	
418	SANGEETA	24	11166	147	48	PRIMI	9	N	N	N	N	N	94		N	C	H	N	N	N	N	H	NO	ND	
419	DIVYA	21	11123	141	42	G2A1	8	N	N	N	N	N	95		N	C	H	N	N	N	N	H	NO	ND	
420	MALARSELVI	23	11184	146	51	G2P1L1	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	PREVLSCS
421	NALLAMAL	22	11174	145	49	PRIMI	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
422	REVATHY	20	11117	140	39	PRIMI	9	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
423	SUMATHY	26	11212	147	60	G3P2L2	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
424	KARPAGAM	27	11226	149	51	PRIMI	9	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
425	BHUVANEAWRI	22	10692	148	53	G3P1L1A1	8	N	N	N	N	N	92	N	N	C	H	N	N	N	N	H	NO	ND	
426	LATHA	30	11296	151	53	G5P4L4	8	N	N	INC	N	N	93	N	N	M	H	2+	PE	N	N	H	PRE	LSCS	FET. DIS
427	THANGAMANI	22	11809	145	47	G2P1L1	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	PREVLSCS
428	VIJAYA	29	11329	149	54	G2P1L1	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
429	PRABAVATY	22	11310	145	42	PRIMI	8	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	LSCS	CPD
430	AMALA	28	11228	149	59	G2P1L1	8	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
431	GOTHESWARI	21	11232	147	44	PRIMI	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	POST.D
432	DEIVARANI	21	11110	142	40	PRIMI	11	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
433	SAMPOORNAM	26	11347	151	64	G2P1L1	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
434	ANGALAESWRI	23	9556	146	43	G3P1L1A1	6	N	N	N	INC	N	90	N	N	C	H	N	N	N	N	H	PPH	ND	
435	NAGALAXMI	24	11325	145	46	PRIMI	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	CPD
436	DHOOVURA	20	11352	141	46	PRIMI	9	N	N	N	N	N	93	N	N	M	H	N	N	N	N	H	NO	LSCS	FET. DIS
437	SARANYA	19	11354	132	35	PRIMI	8	N	N	N	N	N	92	N	N	C	H	N	N	N	N	H	NO	LSCS	CPD
438	VIJAYA	26	11356	151	52	G2P1L1	9	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	LSCS	PREVLSCS
439	ROSELIN	29	11369	152	60	G2P1L1	9	N	N	INC	N	N	94	N	N	C	H	TRACE	N	N	N	H	PRE	ND	
440	DHANALAXMI	26	11382	147	52	G2P1L1	8	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
441	THAHIRABANU	32	11353	151	69	G9P6L6A2	7	N	N	INC	N	N	90	N	N	C	H	1+	PE	N	N	H	PRE	ND	
442	MUMTAZ	24	6474	147	49	G2P1L1	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
443	DEEPA	20	11178	142	39	PRIMI	8	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	LSCS	POST.D
444	SARANYA	27	11274	151	58	G4P2L2A1	9	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	LSCS	FTP
445	BANUPRYA	22	11402	140	46	G2A1	8	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	LSCS	OLIGO
446	SUKANYA	28	11417	148	58	G2P1L1	9	N	N	INC	N	N	94	N	N	C	H	2+	PE	N	N	H	PRE	ND	
447	PRIYA	24	11342	142	49	PRIMI	11	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
448	RAJESWARI	38	11421	151	66	G2P1L1	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
449	PUSPAM	30	11429	152	57	G3P2L2	8	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	LSCS	PREVLSCS

450	ADAIKALAMARY	32	11460	150	65	G4P2L2A1	8	N	N	INC	INC	N	92	N	N	C	H	TRACE	N	N	N	H	PPH/PRE	LSCS	PREVLSCS
451	JULIETRANI	25	10799	146	49	G2P1L1	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	PREVLSCS
452	SUBASINI	22	11468	132	37	PRIMI	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	CPD
453	SANTHI	29	11467	147	48	PRIMI	12	N	N	N	N	N	97	N	N	C	H	N	N	N	N	H	NO	ND	
454	TAMARAKANI	22	10616	146	49	PRIMI	10	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
455	PARVATY	30	11381	152	66	G5P3L3A1	7	N	N	N	INC	N	93	N	N	C	H	N	N	N	N	H	PPH	ND	
456	FATHIMA	25	11475	143	42	PRIMI	10	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	ND	
457	MANIMEGA	18	11442	137	36	PRIMI	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
458	SARANYA	27	11469	149	51	PRIMI	11	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
459	SANTHANALAX	30	11484	147	57	G3P2L2	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
460	SOUNDARYA	20	11461	146	48	PRIMI	10	N	N	N	N	N	95	N	N	M	H	N	N	N	N	H	NO	LSCS	POST.D/FI
461	ANITHA	22	11458	146	45	PRIMI	9	N	N	INC	N	N	93	AGI	1	C	H	3+	PE	N	N	H	PRE	LSCS	ECLAMPSIA
462	LEEMA ROSE	37	11459	152	67	PRIMI	9	N	N	INC	N	N	93	N	N	C	H	N	N	N	N	H	NO	LSCS	PROM/FI
463	NATHAIBEEVI	22	11509	147	51	G2P1L1	10	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	CPD
464	RAJAMANI	22	11452	142	44	PRIMI	10	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	ND	
465	RAJASRI	19	11605	138	39	PRIMI	8	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
466	SELVI	33	11451	151	67	G2P1L1	9	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	ND	
467	SUMATHY	27	11567	158	64	G2P1L1	10	N	N	N	N	N	94	N	N	C	H	N	N	N	N	S	NO	LSCS	CPD/PREVLSCS / PARAILEUS
468	KAVITHA	28	11600	153	56	G2A1	9	N	N	INC	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	CPD
469	KAMACHI	25	11631	156	63	G2P1L1	10	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	OLIGO
470	SANGEETA	28	11626	155	65	G2P1L0	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	CPD
471	SHEELA	28	11630	157	55	G2P1L0	9	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	LSCS	PREVLSCS
472	POTHUMPONNU	23	11621	146	46	PRIMI	10	N	N	N	N	N	97	N	N	C	H	N	N	N	N	H	NO	LSCS	OLIGO
473	SAKTHI	23	11507	147	48	PRIMI	11	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	POST.D/FI
474	SHARMILA	22	11638	152	49	PRIMI	10	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	FET. DIS
475	DHANALAXMI	22	11711	147	49	PRIMI	9	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	ND	
476	ANANDI	24	11430	152	58	G2A1	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
477	RAJESWARI	30	11576	155	69	G2P1L1	9	N	N	INC	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
478	PRIYANKA	21	11615	147	42	PRIMI	10	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	CPD
479	SIVARANJANI	20	11339	149	48	PRIMI	11	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	LSCS	PROM/FI
480	MUTHULAMI	19	11801	147	51	PRIMI	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
481	SHAMEEMBANU	28	11183	158	67	G2P1L1	9	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	LSCS	PREVLSCS

482	CRISTILDA	20	11836	148	49	PRIMI	10	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	OLIGO
483	JOSPINE	24	11857	148	47	G2P1L1	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
484	BANUMATY	25	11594	154	62	PRIMI	10	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	CPD
485	BALKIBANU	25	11580	152	58	G3P2L2	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	POST.D
486	REVATHY	27	11595	156	62	G3P2L2	10	N	N	N	INC	N	94	N	N	C	H	N	N	N	N	H	PPH	ND	
487	CELINMARY	34	11846	154	72	PRIMI	12	N	N	INC	N	N	94	N	N	M	H	TRACE	N	N	N	H	PRE	LSCS	OLIGO
488	RAJESWARI	26	11731	154	63	G2P1L1	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
489	ROSLIN	28	11813	152	59	PRIMI	10	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	LSCS	CPD
490	SATYA	22	11881	149	56	PRIMI	9	N	N	INC	INC	N	92	N	N	C	H	1+	N	N	N	H	PRE	LSCS	
491	SENTAMIL	25	11903	154	58	G5P2L2A2	8	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
492	RATHI	28	11543	156	64	G2P1L1	10	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	PREVLSCS
493	KEERTIGA	22	11917	148	51	G3A2	9	N	N	N	N	N	92	N	N	C	H	N	N	N	N	H	NO	LSCS	CPD
494	MARY	25	11918	152	58	G2P1L1	8	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	LSCS	OLIGO
495	POTHUMANI	25	11864	152	56	G3P1L1A1	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
496	PARAMESWARI	21	11634	149	57	PRIMI	12	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
497	PRABAVATY	25	11922	156	72	G3P1L1A1	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
498	PRIYA	25	11948	156	63	G2P1L1	11	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
499	MYTHILI	25	11902	153	56	PRIMI	12	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
500	BOWRYA PARVN	26	11952	147	52	G2P1L1	9	N	N	DEC	INC	N	94	N	N	C	H	N	N	N	N	H	PPH	ND	
501	RADHIKA	21	11956	145	47	PRIMI	10	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
502	ESWARI	24	11957	156	63	G2P1L1	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	PREVLSCS
503	JAYARAMANI	25	11937	132	36	PRIMI	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	CPD
504	MUTHULAXMI	22	11936	146	52	PRIMI	10	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	CPD
505	JYOTHI	21	10422	146	47	G3P2L2	9	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	ND	
506	SABITHA	30	8156	156	67	PRIMI	12	N	N	N	N	N	95	N	N	M	H	N	N	N	N	H	NO	LSCS	BREECH
507	RUKMANI	29	8985	154	68	PRIMI	10	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
508	JAYANTHI	24	10554	146	52	G3P2L1	9	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
509	SIVASANKARI	25	11471	152	55	PRIMI	11	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
510	SUGANYA	22	11572	147	49	PRIMI	10	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
511	KEERTHANA	25	11591	153	63	G3P2L1A1	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	FET. DIS
512	SARANYA	21	11946	146	49	PRIMI	11	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	ND	
513	KANAGA	19	11940	145	48	PRIMI	10	N	N	INC	N	N	94	N	N	C	H	NIL	PE	N	N	H	PRE	ND	
514	AKILA	27	10809	156	58	G2P1L1	8	N	N	INC	INC	N	92	VOI,	N	C	H	3+	PE	N	N	H	PPH/PRE	LSCS	ECLAMPSIA

515	BUVANESWARI	23	11585	146	44	PRIMI	10	N	N	INC	N	N	93	N	N	C	H	1+	PE	N	N	H	PRE	ND	
516	CHITRA	27	12024	156	66	PRIMI	9	N	N	N	INC	N	94	N	N	C	H	N	N	N	N	H	PPH	LSCS	FET. DIS
517	NIRMALA	25	12004	155	62	PRIMI	10	N	N	INC	INC	N	94	N	N	C	H	TRACE	N	N	N	H	PRE/PPH	LSCS	
518	ILAVARASI	24	11697	146	42	G3P2L1	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
519	PARIMALA	32	12094	157	67	G3P2L2	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	BREECH
520	REVATHY	28	12053	154	62	PRIMI	11	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
521	SANGEETA	27	12158	154	63	G2P1L1	10	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	ND	
522	CHITRA	23	12166	147	49	G2P1L1	9	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
523	KEERTHANA	23	12163	148	57	PRIMI	10	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
524	REVATHY	20	12143	143	46	PRIMI	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
525	ANDIAMAL	30	12161	154	67	G5P2L2A1	8	N	N	INC	INC	N	93	N	N	C	H	2+	PE	N	N	H	PRE/PPH	ND	
526	SAIRABANU	26	12174	152	56	G2P1L1	10	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
527	SANGEETA	18	12178	137	39	PRIMI	9	N	N	N	N	N	93	N	N	M	H	N	N	N	N	H	NO	LSCS	FET. DIS
528	MARIYAYEE	27	12110	152	54	PRIMI	10	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
529	POTHUMPONNU	23	12164	145	54	G2A1	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	CPD
530	SAROJA	23	12181	152	52	G2P1L1	9	N	INC	N	N	N	93	N	1	C	H	N	N	N	N	UH	W I	LSCS	PREVLSCS
531	PARIMALA	23	12188	145	47	G2P1L1	9	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
532	RADHIKA	22	12197	146	51	G2P1L1	10	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
533	DIANA	25	11596	153	65	G3P2L2	7	N	N	INC	INC	N	94	N	N	C	H	TRACE	PE	N	N	H	PRE	ND	
534	PRIYA	20	12064	140	45	PRIMI	10	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
535	DEVIKA	26	12100	152	56	G2P1L0	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	POST.D
536	MANJULA	25	12229	152	56	G2P1L1	10	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	LSCS	FET. DIS
537	OVIYA	25	12215	146	49	PRIMI	11	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
538	LATHA	28	12294	156	62	PRIMI	10	N	N	INC	N	N	94	N	N	C	H	1+	N	N	N	H	PRE	ND	
539	GOMATHY	27	12204	152	59	G2P1L1	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
540	GOMATHY	24	12099	146	55	G2P1L1	10	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	ND	
541	SASIKALA	33	12316	155	67	G2P1L1	10	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
542	VIJAYA	20	12093	137	40	PRIMI	8	N	N	N	N	N	92	N	N	C	H	N	N	N	N	S	NO	LSCS	POST.D/FI / PARAILEUS
543	SELVARANI	28	12243	152	66	G2P1L1	9	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	LSCS	CPD
544	PARAMESWARI	32	12307	154	60	PRIMI	10	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
545	NITHYA	24	12347	143	52	PRIMI	9	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
546	AKILA	26	12338	152	54	G2P1L1	10	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	

547	REKHA	21	12319	143	49	PRIMI	9	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	ND	
548	SHANATH	20	12346	146	48	PRIMI	10	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	ND	
549	VANATHAYE	20	12396	145	47	PRIMI	8	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	PPH	ND	
550	UMARUBANU	20	12398	142	42	G2P1L1	9	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
551	KANAGA	20	12408	140	40	PRIMI	10	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
552	SUNDARI	20	12227	142	46	PRIMI	11	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	OLIGO
553	PARAMESWARI	25	10572	154	60	PRIMI	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	CPD
554	AKILA	25	12008	152	58	G2P1L1	8	N	N	INC	INC	N	94	N	N	M	H	2+	PE	N	N	H	PRE	LSCS	OLIGO
555	SARATHY	20	12399	142	45	PRIMI	9	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	ND	
556	VIMALA	22	12402	144	48	PRIMI	10	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
557	AMUTHA	27	10774	155	65	G4P1L1A2	8	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	LSCS	PREVLSCS
558	SIVAGAMI	26	11524	153	56	G2P1L1	9	N	N	INC	N	N	94	N	N	C	H	N	PE	N	N	H	PRE	LSCS	PREVLSCS
559	MUTHULAXMI	23	11018	145	48	G2P1L1	10	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
560	DHANALAXMI	20	11807	144	47	G2P1L1	9	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
561	MARIYA	29	10169	152	56	G2P1L1	10	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	OUT FOR	PROPHYLACTIC
562	RADHIKA	25	11808	152	53	G2P1L1	9	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
563	PUSPAM	19	11775	137	37	PRIMI	9	N	N	INC	N	N	94	N	N	C	H	1+	N	N	N	H	PRE	ND	
564	VALARMATY	28	12397	147	54	G2P1L1	10	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
565	NILOFER	30	12257	152	58	G2P1L1	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
566	KALPANA	20	12255	145	46	PRIMI	9	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
567	CHITRA	21	12407	148	54	PRIMI	10	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
568	ESWARI	29	12355	154	62	PRIMI	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
569	ROSEMARY	22	12299	143	51	G3P1L1A1	8	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	LSCS	OLIGO
570	PITCHAIAMAL	40	12328	154	69	G3P2L2	8	N	N	INC	N	N	92	N	N	C	H	TRACE	PE	N	N	H	PRE	LSCS	POST.D/FI
571	MANTHRA	18	12429	137	38	PRIMI	8	N	N	N	N	N	92	N	N	C	H	N	N	N	N	H	NO	ND	
572	RAJATHI	24	12324	147	54	G2P1L1	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
573	DEEPA	21	12532	147	48	PRIMI	10	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
574	THANGAMANI	24	12536	146	52	G2P1L1	8	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	LSCS	PREVLSCS
575	NEELA	24	12527	152	52	PRIMI	9	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
576	RANJINI	24	12459	146	52	G3P1L1A1	10	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
577	USHARANI	18	12438	137	39	PRIMI	8	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
578	DHANALAXMI	27	11841	152	48	G2P1L1	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	

579	JAYALAXMI	21	12578	140	49	PRIMI	10	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
580	CHELLAMAL	27	12529	152	56	PRIMI	9	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	OUT FOR	PROPHYLACTIC
581	SHENBAGAVALLI	23	12545	141	42	PRIMI	9	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
582	NITHYA	20	12530	137	40	PRIMI	9	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
583	RAMANI	23	12566	141	50	PRIMI	10	N	N	N	N	N	94	N	N	M	H	N	N	N	N	H	PPH	LSCS	OLIGO
584	RAJESWARI	19	12591	140	38	PRIMI	9	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
585	ABIRAMI	37	12605	156	65	G2P1L1	9	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	LSCS	PREVLSCS
586	USHARANI	23	12268	143	51	PRIMI	10	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
587	VIMALA	24	12603	141	52	PRIMI	9	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
588	BANUPRYA	21	12626	145	51	PRIMI	9	N	N	INC	INC	INC	93	N	2	C	H	3+	PE	N	N	H	PRE	LSCS	CPD / PULM.EDEMA
589	SATHYA	24	12030	149	55	PRIMI	8	N	N	INC	DEC	N	92	N	N	C	H	N	N	N	N	H	PPH	LSCS	CPD
590	KOKILA	22	12621	152	55	G2P1L1	9	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
591	NARGISBANU	25	12644	155	62	G2P1L1	9	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
592	PUSPAVALI	25	12665	153	56	G3P2L2	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	PREVLSCS
593	VIDHYA	22	12248	148	52	PRIMI	9	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
594	VANMATHY	22	12242	142	47	PRIMI	10	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
595	THOULATHBEEVI	29	11172	154	55	G2P1L1	9	N	N	INC	N	N	93	N	N	C	H	1+	PE	N	N	H	PRE	LSCS	PREVLSCS
596	SARANYA	20	12710	142	48	PRIMI	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
597	MAREESWARI	27	12487	156	66	G3P2L2	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
598	SASIKALA	25	12718	148	51	G2P1L1	10	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	OUT FO PREV.LSCS / PROPHYLACTIC
599	POMMI	21	12741	152	52	G2A1	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
600	PARVATY	24	12756	152	60	G2P1L1	10	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
601	SASIKALA	20	12646	142	47	G2P1L1	9	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
602	JYOTHI	25	12736	152	56	PRIMI	9	N	N	N	N	N	94	N	N	M	H	N	N	N	N	H	NO	LSCS	OLIGO
603	PARVEEN	24	11557	146	51	G2P1L1	10	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
604	VIJAYA	25	11934	153	57	G3P2L2	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
605	SUSILA	30	12797	155	66	PRIMI	8	N	N	N	N	N	92	N	N	C	H	N	N	N	N	H	NO	ND	
606	AROKYA	27	12778	154	61	G3P2L2	9	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	LSCS	BREECH
607	AKILA	36	12801	155	68	PRIMI	8	N	N	INC	INC	N	93	N	N	C	H	2+	PE	N	N	H	PRE	LSCS	CPD
608	PUSHPAVALLI	25	12802	145	49	PRIMI	10	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
609	GAYATHRI	23	12714	145	51	G2P1L1	9	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	

610	GOVINDAMAL	23	12810	148	52	G2P1L1	9	N	N	INC	N	N	93	N	N	C	H	TRACE	N	N	N	H	PRE	LSCS	PREVLSCS
611	PAVITHRA	22	12824	146	44	G2P1L1	10	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
612	VASUKI	20	12480	143	41	PRIMI	8	N	N	INC	INC	N	94	AGI,VOI	1	C	H	3+	N	N	N	H	PPH/PRE	LSCS	UNFAVCX ECLAMPSIA
613	ILAVARASI	25	12837	151	52	PRIMI	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
614	RADHIKA	26	12832	152	61	G2P1L1	10	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
615	PUNITHA	19	12863	141	41	PRIMI	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
616	SELVARANI	22	12773	151	51	PRIMI	9	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
617	JESINTA	27	12873	152	61	G3P2L2	8	N	N	N	INC	N	93	N	N	C	H	N	N	N	N	H	NO	LSCS	PREVLSCS
618	GOMATHY	29	12852	156	64	G2P1L0	8	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
619	ARYANACHI	24	12743	146	48	G2P1L1	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
620	SUMATHY	25	12536	153	62	G3P2L2	9	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
621	RANJITA	26	12885	149	53	G2P1L1	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
622	RABIYA	22	12883	146	48	G2P1L1	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
623	BHUVANEAWRI	20	12823	140	42	PRIMI	9	N	N	INC	N	N	93	N	N	C	H	1+	PE	N	N	H	PRE	ND	
624	AKILA	29	12629	157	66	PRIMI	9	N	N	INC	N	N	94	N	N	C	H	TRACE	N	N	N	H	PRE	ND	
625	LALITA	27	12880	154	62	G2P1L1	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
626	PRIYA	24	12833	156	61	PRIMI	10	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
627	VASANTA	24	12917	152	52	G2P1L1	8	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
628	BHUVANEAWRI	21	12772	146	48	PRIMI	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
629	SUKANYA	23	12645	152	56	PRIMI	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
630	REVATHY	30	12922	156	67	G2P1L1	10	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	OUT FOR	PREVLSCS / PROPHYLACTIC
631	REVATHY	23	12850	147	48	PRIMI	9	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
632	MUTHULAXMI	28	12857	156	60	G4P3L2	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
633	HELINA	19	12860	140	39	PRIMI	9	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
634	SHANTI	26	12894	154	59	G2P1L1	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
635	RANJITHA	23	12853	147	49	PRIMI	9	N	N	N	N	N	96	N	N	M	H	N	N	N	N	H	NO	ND	
636	ANJUGAM	23	12454	147	54	G2P1L1	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
637	REVATHY	19	12624	146	42	PRIMI	10	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
638	PRABAVATY	22	12643	152	52	G2P1L1	9	N	N	DEC	INC	N	93	N	N	C	H	N	N	N	N	H	PPH	LSCS	PREVLSCS
639	NASREEN	19	13098	132	35	PRIMI	8	N	N	N	N	N	92	N	N	C	H	N	N	N	N	H	NO	ND	
640	KALAISELVI	28	12132	157	69	G2P1L1	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
641	THASLIMA	19	12426	142	44	PRIMI	9	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	

642	RAJKUMARI	24	13079	152	53	PRIMI	10	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
643	PAVITHRA	24	13136	148	51	G2P1L1	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
644	NANDINI	23	13147	149	50	G2P1L1	10	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
645	NAVITA	28	13078	156	72	G5P2L2A2	8	N	N	N	N	N	94	N	N	M	H	N	N	N	N	H	PPH	ND	
646	ANANDI	25	13113	152	58	PRIMI	9	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
647	KALPANA	24	12829	152	51	PRIMI	10	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	VACDEL	SEC FO FAIL
648	KALAIVANI	24	13176	152	54	PRIMI	9	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
649	LAVANYA	25	13028	154	61	PRIMI	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
650	RAJASREE	21	12864	143	49	PRIMI	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
651	ANITHA	24	13153	155	63	G2P1L1	10	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
652	DURGA	21	13142	146	52	PRIMI	9	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
653	HEMALATA	24	13135	154	58	PRIMI	10	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
654	THAMARAI	22	13042	152	63	PRIMI	9	N	N	N	N	N	98	N	N	C	H	2+	PE	N	N	H	PRE	LSCS	CPD
655	ANJUGAM	29	13197	156	62	PRIMI	10	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
656	SATHYA	26	12261	156	54	G2P1L1	8	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
657	MONISHA	28	13222	156	64	G5P4L4	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
658	PRIYA	20	13159	146	48	PRIMI	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
659	RAJESWARI	26	13101	158	58	G2P1L1	8	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
660	JAYANTHI	26	13225	152	56	G2P1L1	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
661	KALPANA	22	13251	146	48	PRIMI	9	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
662	MAHALAXMI	28	13301	152	56	G3P2L2	8	N	N	INC	INC	INC	94	N	N	C	H	2+	PE	N	N	H	PPH/PRE	ND	PULM.EDEMA
663	PAPATHY	30	13145	156	65	G2P1L1	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
664	TAMILMANI	21	13289	145	42	PRIMI	10	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	LSCS	CPD
665	GEETHA	26	13313	154	58	PRIMI	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	PPH	LSCS	CPD
666	PREMALATA	25	13332	152	55	PRIMI	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
667	PREMALATA	22	13335	146	48	PRIMI	9	N	N	N	N	N	94	N	N	M	H	N	N	N	N	H	NO	LSCS	FET. DIS
668	KANCHANA	21	13376	146	49	PRIMI	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
669	RAJESWARI	21	13360	147	50	PRIMI	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	CPD
670	VANAJA	20	13368	142	42	G2P1L1	10	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
671	CHITRA	22	13349	152	49	PRIMI	9	N	N	INC	N	N	93	N	N	C	H	1+	PE	N	N	H	PRE	LSCS	CPD
672	POTHUMPONNU	29	13389	152	57	PRIMI	9	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
673	JAQULIN	20	12251	147	58	PRIMI	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
674	KOKILA	22	13339	151	52	PRIMI	11	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	

675	JOSPINE	20	13386	146	48	PRIMI	10	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
676	KRISNAVENI	23	13389	152	54	PRIMI	9	N	N	INC	N	N	94	N	N	C	H	1+	N	N	N	H	PRE	ND	
677	ANGAYARKANI	30	12834	154	62	PRIMI	10	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	CPD
678	SHAHANA	27	13399	156	58	PRIMI	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	CPD
679	CATHRINE	20	13394	145	48	PRIMI	10	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
680	KALAIARASI	27	13265	151	52	G4P1L1A2	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	PREVLSCS
681	VENNILA	24	13351	149	57	G2P1L1	9	N	N	INC	N	N	94	N	N	C	H	1+	PE	N	N	H	PRE	ND	
682	DEEPA	27	13346	156	62	PRIMI	10	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
683	SEETALAXMI	26	13354	158	65	G3P2L2	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
684	CHITRA	28	13359	148	54	G2P1L1	9	N	N	N	N	N	93	N	N	M	H	N	N	N	N	H	NO	ND	
685	PREMALATA	24	13366	152	58	PRIMI	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
686	DURGA	23	13342	151	51	PRIMI	9	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
687	VASANTA	26	13421	155	64	G2P1L1	8	N	N	INC	N	N	93	N	N	C	H	TRACE	N	N	N	H	PRE	ND	
688	AKILA	22	13374	146	51	PRIMI	9	N	N	DEC	INC	N	94	N	N	C	H	N	N	N	N	H	PPH	LSCS	CPD
689	AMALA	24	13452	154	58	G2P1L1	8	N	N	N	N	N	98	N	N	C	H	N	N	N	N	H	NO	ND	
690	SELVI	26	13371	149	50	PRIMI	9	N	N	INC	N	N	93	N	N	C	H	1+	N	N	N	H	PRE	ND	
691	HEMALATA	28	13462	153	56	G2P1L1	10	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
692	SUDHA	26	13466	152	57	G2P1L1	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
693	JAYA	22	13375	146	48	PRIMI	8	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
694	JYOTHI	26	13397	152	52	G2P1L1	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
695	SANTHI	24	13446	149	50	PRIMI	9	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
696	SATHYA	22	13381	146	45	PRIMI	10	N	N	N	N	N	98	N	N	C	H	N	N	N	N	H	NO	ND	
697	LATHA	26	13459	155	62	G2P1L1	9	N	N	INC	N	N	94	N	N	C	H	N	N	N	N	H	PRE	ND	
698	REVATHY	24	13389	151	53	PRIMI	9	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
699	MANIMEGA	23	65941	154	57	PRIMI	10	N	N	N	N	N	98	N	N	C	H	N	N	N	N	H	NO	ND	
700	RAJALAXMI	27	65939	158	53	G2P1L1	9	N	N	N	N	N	99	N	N	C	H	N	N	N	N	H	NO	ND	
701	MEENADEVI	32	65944	159	57	G3P2L2	5	INC	INC	DEC	INC	INC	90	N	N	B	UH	N	N	DECREASED	N	H	SEPABT	MVA	
702	PARAMESWARI	25	65837	161	56	G3P2L2	7	N	N	N	INC	N	96	N	N	B	H	N	N	N	N	H	ABORTIO	MVA	
703	ANJALI	20	65953	158	62	PRIMI	8	N	N	INC	INC	INC	85	N	N	C	H	3+	N	N	N	H	PRE	LSCS	CPD / PULM.EMB
704	THANAMARY	26	65948	156	65	PRIMI	8	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
705	SAKUNTALA	26	62318	152	66	PRIMI	8	N	N	N	N	N	99	N	N	C	H	N	N	N	N	H	NO	ND	
706	RADHIKA	32	65212	154	56	G4P3L1	8	N	INC	N	INC	N	92	N	N	B	H	N	N	N	N	H	ABORTIO	MVA	
707	KIRUTIKA	26	65502	151	55	G3P1L1A1	7	N	N	N	INC	N	91	N	N	C	H	N	N	N	N	H	NO	LSCS	PREVLSCS

708	NOORJAHAN	27	66061	142	54	PRIMI	9	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
709	MARIYAMA	22	66012	172	64	G4P3L3	7	N	N	N	INC	N	90	N	N	C	H	N	N	N	N	H	NO	ND	
710	VIMALA	26	66269	160	59	G3P2L2	8	N	N	INC	INC	N	92	N	N	C	H	2+	PE	N	N	H	PPH/PRE	ND	
711	MANIARASI	27	65883	156	56	G2P1L0	8	N	N	N	N	N	97	N	N	C	H	N	N	N	N	H	NO	ND	
712	RADHIKA	24	65253	158	57	G2P1L1	9	N	INC	N	N	N	98	N	N	C	H	N	N	N	N	UH	WD INF	LSCS	
713	VIJAYA	21	65864	151	69	PRIMI	8	N	N	INC	N	N	93	N	N	C	H	TRACE	N	N	N	H	PRE	LSCS	
714	GEETA	28	65887	161	58	PRIMI	9	N	N	N	N	N	99	N	N	C	H	N	N	N	N	H	NO	ND	
715	VINIBA	36	65865	152	59	G2P1L1	8	N	N	N	N	N	92	N	N	C	H	N	N	N	N	H	NO	ND	
716	NITYA	21	65880	156	52	PRIMI	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
717	KASTURI	24	65892	155	52	G3P2L2	12	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
718	MEENA	19	65898	153	54	PRIMI	9	N	N	N	INC	N	92	N	N	B	H	N	N	N	N	H	ABORTIO	MVA	
719	ANJALI	27	62121	152	76	PRIMI	7	INC	N	INC	INC	INC	89	N	N	C	H	2+	N	N	N	H	PRE	ND	
720	VIJAYA	21	65864	161	73	PRIMI	5	N	N	N	INC	N	98	N	N	C	H	N	N	N	N	H	PPH	ND	
721	MERLIN	23	64929	150	60	PRIMI	8	N	N	N	N	N	99	N	N	C	H	N	N	N	N	H	NO	ND	
722	VANITHA	23	66011	155	58	G2P1L1	8	N	N	N	N	N	97	N	N	C	H	N	N	N	N	H	NO	ND	
723	JAYANTHI	29	64910	168	60	G2P1L1	7	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	LSCS	PREV LSCS
724	BAKYALAXMI	25	65529	160	75	G3P2L2	8	N	N	N	INC	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
725	LATHA	35	65210	158	62	PRIMI	9	N	N	INC	INC	N	92	N	N	C	H	TRACE	PE	N	N	H	PRE	ND	
726	SARASWATHY	21		158	63	PRIMI	8	INC	N	INC	INC	N	90	AGI,VOI	1	C	H	3+	PE	N	N	H	PRE	LSCS	ECLAMPSIA
727	SASIKALA	25	62105	162	59	G3P2L2	9	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
728	SARANYA	21	65990	153	59	PRIMI	9	N	N	N	N	N	97	N	N	C	H	N	N	N	N	H	NO	ND	
729	RAJESWARI	27	66013	143	52	G4P3L3	9	N	N	N	N	N	92	N	N	C	H	N	N	N	N	H	NO	ND	
730	KOKILA	23	66011	149	51	PRIMI	9	N	N	N	N	N	98	N	N	C	H	N	N	N	N	H	NO	ND	
731	HELEN ROSE	22	65863	161	67	G3P2L2	6	N	N	INC	INC	INC	88	N	N	C	H	N	N	N	N	H	NO	ND	
732	POONGODI	26	65526	154	72	PRIMI	9	N	N	N	N	N	97	N	N	C	H	N	N	N	N	H	NO	ND	
733	JAYALAXMI	24	65946	157	53	PRIMI	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
734	SHARMILA BANU	20	66173	161	62	PRIMI	10	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
735	SUGANYA	23	66201	145	56	G2P1L1	9	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	LSCS	
736	PRASANYA	20	66196	152	54	PRIMI	12	N	N	N	N	N	99	N	N	C	H	N	N	N	N	H	NO	ND	
737	MARY JENIFER	21	66206	161	53	G2P1L1	10	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
738	EBSEEMA	21	66169	156	51	PRIMI	12	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
739	PUSPALATHA	23	66187	154	51	PRIMI	13	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	ND	
740	AKILA	21	66186	158	53	PRIMI	10	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	

741	REVATHY	24	66191	154	54	PRIMI	11	N	N	INC	N	N	90	N	N	M	H	1+	PE	N	N	H	PRE	VACDEL	SEC FO FAIL
742	ANJALAI DEVI	26	65195	160	60	PRIMI	10	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
743	SARALA DEVI	20	66190	162	59	PRIMI	10	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
744	INFANCIA MARY	28	66124	165	68	G4P1L1	10	N	N	N	N	N	92	N	N	C	H	N	N	N	N	H	NO	ND	
745	DEEPA	23	65929	156	54	PRIMI	12	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
746	AROKIYA SELVI	24	66216	158	56	G2P1L1	11	N	N	N	N	N	92	N	N	C	H	N	N	N	N	H	NO	ND	
747	KIRUTIKA	29	66219	162	58	G3P2L2	12	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
748	JOISY	30	65235	154	55	G3P1L0	7	N	N	INC	INC	N	92	VOI	N	C	H	3+	PE	N	N	H	PRE/PPH	LSCS	PREV LSCS / ECLAMPSIA
749	ANITHA	23	64907	152	54	G3P2L2	10	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
750	MERLIN	23	64123	156	74	PRIMI	12	N	N	INC	INC	N	93	N	N	C	H	1+	PE	N	N	H	PRE	LSCS	
751	RAMYA	22	65424	156	60	PRIMI	11	N	N	N	N	N	92	N	N	C	H	N	N	N	N	H	NO	ND	
752	REVATHY	27	65407	152	58	PRIMI	10	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
753	KAVITHA	22	65444	158	60	PRIMI	11	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
754	JYOTHI	28	64242	155	48	PRIMI	10	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
755	CHANDRA	24	65411	162	55	G2P1L1	10	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	LSCS	
756	SHARMILA	26	65451	160	56	G2P1L1	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
757	JULIET	24	65490	155	55	G2P1L1	9	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	LSCS	
758	PARAMESWARI	24	65436	156	58	G2P1L1	10	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	LSCS	
759	ROHINI	27	65457	158	60	PRIMI	9	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
760	RADHIKA	26	65449	165	62	G2P1L1	7	N	N	N	INC	N	90	N	N	B	H	N	N	N	N	H	ABORTIO	MVA	
761	ASHA MARY	23	65460	154	52	G2P1L1	9	N	N	N	INC	N	93	N	N	B	H	N	N	N	N	H	PPH	LSCS	ABR PLA
762	JAYAPRIYA	20	65456	158	55	PRIMI	9	N	N	INC	INC	N	90	N	N	C	H	TRACE	PE	N	N	H	PRE	ND	
763	CHITRA	33	64921	158	58	G2P1L1	9	N	N	INC	N	N	93	N	N	C	H	1+	N	N	N	H	PRE	LSCS	PREV LSCS
764	PAVITHRA	23	65396	155	52	G2P1L1	9	N	N	N	INC	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
765	AMBIGA	20	65382	150	56	PRIMI	10	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
766	MANJULA	28	65398	159	67	G2P1L1	9	N	N	N	INC	N	92	N	N	M	H	N	N	N	N	H	NO	ND	
767	VIJAYALAXMI	25	65246	153	49	PRIMI	10	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
768	ELAVENI	23	65277	156	66	PRIMI	9	N	N	N	N	N	90	N	N	C	H	N	N	N	N	H	NO	ND	
769	ROSNA	22	65383	150	58	G2P1L1	11	N	N	N	N	N	98	N	N	C	H	N	N	N	N	H	NO	LSCS	PREVLSCS
770	PUSPA	25	65379	154	60	G3P2L2	7	N	INC	N	INC	INC	88	N	N	C	UH	N	N	N	N	UH	WD INF	LSCS	OBSTLAB / HAND OUT /SEPSIS
771	DHANAPAPA	29	60017	159	60	G2P1L0	7	N	N	DEC	INC	INC	86	N	N	M	H	N	N	N	N	H	PPH	LSCS	FETALDIST
772	JAYALAXMI	22	60455	162	66	PRIMI	10	N	N	N	N	N	98	N	N	C	H	N	N	N	N	H	NO	ND	

773	BARAKTH NISHA	28	8422	159	60	G2P1L1	9	N	N	N	N	N	97	N	N	C	H	N	N	N	N	H	NO	ND	
774	SELVAKUMARI	25	8479	156	57	PRIMI	9	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
775	SHEELA	25	8377	162	67	G2P1L1	11	N	N	N	N	N	97	N	N	C	H	N	N	N	N	H	NO	LSCS	PREV LSCS
776	SHABNA	20	8478	158	59	PRIMI	10	N	N	N	N	N	97	N	N	C	H	N	N	N	N	H	NO	ND	
777	VINODINI	21	8445	160	61	PRIMI	9	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
778	GOMATHY	19	8347	154	50	PRIMI	9	N	N	N	N	N	97	N	N	C	H	N	N	N	N	H	NO	ND	
779	GAYATHRI	32	8454	160	72	G3P2L2	9	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	ND	
780	PRABA	35	8462	160	67	PRIMI	7	N	N	N	INC	N	92	N	N	C	H	N	N	N	N	H	PPH	FORCEPS	PROPHYLACTIC
781	YASODA	29	8388	158	76	G3P1L1A1	8	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
782	SOFIA	29	8485	160	65	PRIMI	9	N	N	N	N	N	97	N	N	C	H	N	N	N	N	H	NO	ND	
783	PAVITHRA	19	8475	152	46	PRIMI	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
784	SELVI	26	8485	158	60	PRIMI	9	N	N	N	N	N	98	N	N	C	H	N	N	N	N	H	NO	ND	
785	REVATHY	25	8396	159	67	G4P3L3	9	N	N	INC	N	N	94	N	N	C	H	2+	PE	N	N	H	PRE	ND	
786	MAHESHWARI	21	60040	156	58	G2P1L1	10	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
787	GUNASUNDARI	23	8509	154	54	PRIMI	8	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	ND	
788	KANMANI	25	8392	159	71	G3P1L1A1	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
789	VANITHA	28	8568	160	69	G3P2L2	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
790	SAIMATA	25	8534	157	58	PRIMI	9	N	N	N	INC	N	94	N	N	B	H	N	N	N	N	H	ABORTIO	MVA	
791	PADMAPRYA	24	8752	160	61	G2P1L1	9	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	ND	
792	MENEGA	24	8620	162	69	G2P1L1	7	N	N	INC	INC	N	93	N	N	C	H	1+	PE	N	N	H	PRE	LSCS	PREV LSCS
793	REVATHY	28	5091	157	58	G2P1L1	9	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
794	RAMYA	24	5092	158	59	PRIMI	9	N	N	N	N	N	98	N	N	C	H	N	N	N	N	H	NO	ND	
795	VINOLIA	24	8301	159	60	G4P2L2	9	N	N	N	INC	N	95	N	N	C	H	N	N	N	N	H	PPH	ND	
796	SANGEETA	23	8613	156	58	PRIMI	9	N	N	N	N	N	97	N	N	C	H	N	N	N	N	H	NO	ND	
797	AMUTHA	36	8259	160	59	G2P1L1	10	N	N	N	N	N	97	N	N	C	H	N	N	N	N	H	NO	ND	
798	KANIKAI	24	8630	152	60	G3P2L2	9	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
799	SIVARANJANI	25	8637	151	50	PRIMI	9	N	N	INC	INC	N	98	N	N	C	H	1+	N	N	N	H	PRE/PPH	LSCS	OLIGO
800	RAJATHI	22	8559	156	61	G2P1L1	10	N	N	N	N	N	97	N	N	C	H	N	N	N	N	H	NO	ND	
801	SATHYA	26	8516	157	62	PRIMI	9	N	N	INC	N	N	96	N	N	C	H	1+	PE	N	N	H	PRE	ND	
802	FATHIMA	29	8557	159	67	G2P1L1	8	N	N	N	N	N	92	N	N	C	H	N	N	N	N	H	NO	ND	
803	TAMILARASI	19	8643	150	54	PRIMI	8	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
804	GAYATHRI	20	8623	151	60	PRIMI	9	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
805	RADHIKA	29	8655	158	65	G3P2L2	7	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	

806	PARVEEN	26	8658	154	62	G2P1L1	8	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
807	JENIFER	25	8686	158	67	PRIMI	9	N	N	N	N	N	98	N	N	C	H	N	N	N	N	H	NO	ND	
808	MEENACHI	28	8699	153	58	PRIMI	8	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	ND	
809	RAHMATH	19	8661	150	52	PRIMI	8	N	N	N	N	N	94	N	N	M	H	N	N	N	N	H	NO	LSCS	FET. DIS
810	DEEPA	26	8624	158	60	PRIMI	8	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	LSCS	PROM
811	JAYALAXMI	22	8355	154	62	G3P2L2	9	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	ND	
812	PARAMESWARI	24	8476	158	61	PRIMI	8	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	LSCS	CPD
813	UMARANI	24	8710	160	67	G2P1L1	8	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	ND	
814	KAMACHI	22	8391	158	60	G2P1L1	9	N	N	N	N	N	94	N	N	M	H	N	N	N	N	H	NO	LSCS	FET. DIS
815	INDRA	31	7250	157	62	G2P1L1	8	N	N	INC	INC	N	94	N	N	C	H	2+	PE	N	N	H	PRE	ND	
816	LAXMI	22	8703	159	64	G2P1L1	9	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	LSCS	PROM
817	REVATHY	35	8489	158	72	G5P4L1	7	N	N	N	INC	N	93	N	N	C	H	N	N	N	N	H	PPH	LSCS	FET. DIS
818	RAJESWARI	27	8685	156	66	G2P1L1	8	N	N	INC	INC	N	94	N	N	C	H	TRACE	PE	N	N	H	PRE	LSCS	CPD
819	DEVI	29	8753	156	58	G2P1L1	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
820	AKILA	27	8779	160	67	G2P1L1	9	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
821	INDRA	27	5577	157	62	G2P1L1	8	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	ND	
822	MUTHULAXMI	25	5578	151	63	G2P1L1	7	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
823	NITYA	23	8790	156	63	G2P1L1	9	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
824	SRIPRYA	22	8746	152	51	PRIMI	8	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	ND	
825	KALARANI	27	8647	160	62	PRIMI	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
826	JANANI	24	8692	158	64	G2P1L1	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
827	RAMYA	25	8736	160	66	G4P2L2A1	7	N	N	DEC	INC	N	92	N	N	C	H	N	N	N	N	H	PPH	ND	
828	THANGAMAL	19	8787	151	48	PRIMI	8	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
829	SUBASRI	21	8803	152	52	PRIMI	9	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	ND	
830	MALARKODI	24	8569	158	60	G2P1L1	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	CPD
831	POTHUMPONNU	25	8808	157	57	PRIMI	8	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	LSCS	CPD
832	KANAGA	22	8489	148	46	PRIMI	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	CPD
833	VALLI	24	8869	158	61	G2P1L1	9	N	N	N	N	N	97	N	N	C	H	N	N	N	N	H	NO	ND	
834	CHITRA	27	8312	159	63	PRIMI	8	N	N	INC	INC	N	94	AGI,VOI	1	C	H	3+	PE	N	N	H	PRE	LSCS	CPD / ECLAMPSIA
835	POTHUMPONNU	23	8856	156	60	G2P1L1	8	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	LSCS	CPD
836	NATHYA	21	8855	156	57	PRIMI	9	N	N	N	N	N	96	N	N	M	H	N	N	N	N	H	NO	LSCS	BREECH
837	BHUVANA	27	8503	156	60	PRIMI	8	N	N	N	N	N	95	N	N	M	H	N	N	N	N	H	NO	LSCS	FET. DIS

838	RADHIKA	24	8884	156	64	G3P2L2	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
839	DHANALAXMI	23	8898	157	63	G3P1L1A1	8	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
840	SANTYA	19	8936	151	50	PRIMI	8	N	N	N	N	N	92	N	N	C	H	N	N	N	N	H	NO	ND	
841	MAHESHWARI	24	8494	158	64	G2P1L1	8	N	N	INC	INC	N	96	N	N	C	H	2+	PE	N	N	H	PRE	ND	
842	SELVARANI	25	8886	157	63	PRIMI	8	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	ND	
843	ANNALAXMI	22	8959	156	64	G2P1L1	9	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
844	MADHINA	24	8881	154	60	PRIMI	9	N	N	N	N	N	97	N	N	C	H	N	N	N	N	H	NO	ND	
845	KANIKAI	22	8807	158	63	PRIMI	8	N	N	INC	N	N	94	N	N	C	H	TRACE	PE	N	N	H	PRE	ND	
846	RUBY	24	8973	157	62	PRIMI	9	N	N	N	N	N	98	N	N	C	H	N	N	N	N	H	NO		
847	ISHWARYA	19	8106	153	52	PRIMI	8	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	ND	
848	HEMALATA	24	8720	160	67	G3P1L1A1	8	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	ND	
849	RADHA	30	9005	158	69	G2P1L1	9	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
850	KALARANI	22	8902	157	62	PRIMI	8	N	N	INC	N	N	94	N	N	C	H	NIL	N	N	N	H	PRE	LSCS	FET. DIS
851	USHADEVI	26	8889	156	61	PRIMI	9	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	LSCS	CPD
852	GAYATHRI	25	8810	150	59	PRIMI	7	N	N	N	INC	N	92	N	N	C	H	N	N	N	N	H	NO	LSCS	POST.D/FI
853	SARASU	23	8885	146	45	PRIMI	7	N	N	INC	N	N	92	N	N	C	H	1+	PE	N	N	H	PRE	ND	
854	HEMALATA	22	9024	152	58	G2P2L1	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	CPD
855	SHEELA	31	60143	155	62	G2P2L1	7	N	N	INC	N	N	95	N	N	C	H	TRACE	N	N	N	H	PRE	LSCS	PREVLSCS
856	SASIKALA	30	9034	142	41	PRIMI	7	N	N	INC	N	N	93	N	N	C	H	NIL	N	N	N	H	PRE	LSCS	CPD
857	UMADEVI	24	9050	152	56	PRIMI	9	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
858	CHITRA	29	9053	152	60	G2P1L1	8	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	ND	
859	SARANYA	26	9046	157	64	PRIMI	8	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	LSCS	CPD
860	FATHIMA	25	8539	150	67	G4P2L2A1	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
861	CHITRA	26	9119	154	63	PRIMI	8	N	N	N	N	N	94	N	N	M	H	N	N	N	N	H	NO	LSCS	POST.D/FI
862	JAYALAXMI	21	8960	152	52	PRIMI	8	N	N	INC	N	N	93	N	N	C	H	N	N	N	N	H	NO	LSCS	CPD
863	SELVI	22	9122	151	54	PRIMI	8	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	LSCS	PROM
864	RANJANI	26	9134	153	58	G2P1L1	9	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	LSCS	CPD
865	KARTHIKADEVI	26	9150	153	64	G2P1L1	8	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
866	BARATHI	24	9146	157	66	G2P1L1	8	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	ND	
867	SUGANYA	20	9165	148	49	PRIMI	7	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
868	NIROSHA	29	9131	150	57	PRIMI	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	FET. DIS
869	JENIFER	26	9180	152	59	PRIMI	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
870	BALASUNDARI	26	9186	150	57	PRIMI	7	N	N	INC	INC	INC	90	AGI,VOI	1	C	H	3+	PE	N	N	H	PRE	LSCS	ECLAMP

871	THANGAMAL	23	7415	152	63	G2P1L1	8	N	N	DEC	INC	N	94	N	3	B	H	N	N	N	N	H	PPH	LSCS	ABR PLA / SUB T HYS
872	PRADEEPA	28	60146	157	70	G3P1L1A1	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
873	KAYALVIZHI	24	9125	156	62	G3P2L2	9	N	N	N	INC	N	94	N	N	C	H	N	N	N	N	H	PPH	ND	
874	GOWTHAMI	22	8942	156	70	G3P1L1A1	8	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	ND	
875	BARATHI	21	9206	152	52	PRIMI	9	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
876	SHANTI	28	9185	155	64	G3P2L2	8	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	ND	
877	BUVANESWARI	20	9132	151	50	PRIMI	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
878	SHANTINI	24	9212	140	41	PRIMI	8	N	N	N	N	N	92	N	N	C	H	N	N	N	N	S	NO	LSCS	CPD PARAILEUS
879	PODHUMPONNU	23	9205	153	56	PRIMI	9	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
880	SARADA	22	9031	156	67	PRIMI	7	N	N	N	INC	N	93	N	N	C	H	N	N	N	N	H	PPH	LSCS	PP
881	SUGUNA	30	8848	156	68	G2P1L1	8	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	LSCS	PREV.LSCS
882	MARIYAMA	29	8867	153	64	G3P2L2	7	N	N	N	N	N	92	N	N	C	H	N	N	N	N	H	NO	LSCS	PREV.LSCS
883	SELVI	24	9137	152	61	G2P1L1	7	N	N	N	INC	INC	93	N	N	C	H	TRACE	PE	N	N	H	PRE	LSCS	PREV LSCS
884	SHANTI	26	8822	154	64	G2P1L1	8	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	LSCS	PREV.LSCS
885	INDUPRIYA	22	8491	152	58	G2P1L1	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	PREV.LSCS
886	SARAMMAL	26	9233	153	64	G2P1L1	9	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
887	MAHALAXMI	26	9044	154	66	G2P1L1	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	PREVLSCS
888	MAHESHWARI	28	9242	153	69	G3P1L1A1	8	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	LSCS	PREVLSCS
889	ANEES BEGUM	26	9340	150	57	G3P2L2	8	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
890	THULASI	24	9058	153	60	G2P1L1	9	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	ND	
891	RAJALAXMI	20	9263	154	61	PRIMI	8	N	N	N	N	N	93	N	N	M	H	N	N	N	N	H	NO	ND	
892	PRIYA	32	9358	156	70	G2P1L1	7	N	N	N	N	N	92	N	N	C	H	N	N	N	N	H	NO	ND	
893	DHANALAXMI	23	8336	153	58	PRIMI	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	CPD
894	ESWARI	31	9249	152	72	G2P1L1	7	N	N	N	N	N	92	N	N	C	H	N	N	N	N	H	NO	LSCS	PREVLSCS
895	FIROSE	19	9116	152	50	PRIMI	8	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	LSCS	POST.D
896	MARY JENIFER	26	9113	153	60	PRIMI	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	CPD
897	MALATHY	N	60093	157	76	PRIMI	7	N	INC	INC	INC	N	91	AGI	1	C	H	3+	PE	N	N	UH	WI/PRE	LSCS	ECLAMP / CVT
898	PARAMESWARI	20	9256	157	62	PRIMI	8	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	LSCS	CPD
899	SELVI	29	9363	158	70	PRIMI	8	N	N	N	INC	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
900	PITCHAIAMAL	27	9282	154	64	G2P1L1	9	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	ND	
901	KOKILA	30	9389	156	65	PRIMI	7	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	LSCS	FET. DIS
902	SUMITRA	30	9320	153	69	PRIMI	8	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	LSCS	CPD

903	SUGANYA	20	9390	151	50	PRIMI	7	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
904	RAJESWARI	24	9115	157	56	PRIMI	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
905	CHANDRA	27	9328	158	68	PRIMI	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	CPD
906	MURUGESWARI	31	9326	156	61	G2P1L1	8	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	ND	
907	SASIKALA	25	12718	148	51	G2P1L1	10	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
908	POMMI	21	12741	152	52	G2A1	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
909	PARVATY	24	12756	152	60	G2P1L1	10	N	N	N	N	N	94	N	N	M	H	N	N	N	N	H	NO	ND	
910	SASIKALA	20	12646	142	47	G2P1L1	9	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
911	JYOTHI	25	12736	152	56	PRIMI	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	OLIGO
912	PARVEEN	24	11557	146	51	G2P1L1	10	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
913	VIJAYA	25	11934	153	57	G3P2L2	9	N	N	N	INC	N	94	N	N	C	H	N	N	N	N	H	PPH	ND	
914	SUSILA	30	12797	155	66	PRIMI	8	N	N	N	N	N	92	N	N	C	H	N	N	N	N	H	NO	ND	
915	AROKYA	27	12778	154	61	G3P2L2	9	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	LSCS	BREECH
916	AKILA	36	12801	155	68	PRIMI	8	N	N	INC	INC	N	93	N	N	C	H	1+	PE	N	N	H	PRE	LSCS	CPD
917	PUSHPAVALLI	25	12802	145	49	PRIMI	10	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
918	GAYATHRI	23	12714	145	51	G2P1L1	9	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
919	GOVINDAMAL	23	12810	148	52	G2P1L1	9	N	N	INC	INC	N	93	N	N	C	H	1+	PE	N	N	H	PPH/PRE	LSCS	PREVLSCS / PLA PRE
920	PAVITHRA	22	12824	146	44	G2P1L1	10	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
921	VASUKI	20	12480	143	41	PRIMI	8	N	N	N	INC	N	94	N	N	C	H	N	N	N	N	H	PPH	LSCS	CPD
922	ILAVARASI	25	12837	151	52	PRIMI	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
923	RADHIKA	26	12832	152	61	G2P1L1	10	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
924	PUNITHA	19	12863	141	41	PRIMI	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
925	SELVARANI	22	12773	151	51	PRIMI	9	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
926	JESINTA	27	12873	152	61	G3P2L2	8	N	N	N	INC	N	93	N	N	C	H	N	N	N	N	H	NO	LSCS	PREV LSCS
927	GOMATHY	29	12852	156	64	G2P1L0	8	N	N	N	N	N	93	N	N	M	H	N	N	N	N	H	NO	ND	
928	ARYANACHI	24	12743	146	48	G2P1L1	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
929	SUMATHY	25	12536	153	62	G3P2L2	9	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
930	RANJITA	26	12885	149	53	G2P1L1	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
931	RABIYA	22	12883	146	48	G2P1L1	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
932	BHUVANEAWRI	20	12823	140	42	PRIMI	9	N	N	INC	N	N	93	N	N	C	H	1+	N	N	N	H	PRE	ND	
933	AKILA	29	12629	157	66	PRIMI	9	N	N	INC	N	N	94	VOI	1	C	H	3+	PE	N	N	H	PRE	ND	ECLAMPSIA
934	LALITA	27	12880	154	62	G2P1L1	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	

935	PRIYA	24	12833	156	61	PRIMI	10	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
936	VASANTA	24	12917	152	52	G2P1L1	8	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
937	BHUVANEAWRI	21	12772	146	48	PRIMI	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
938	SUKANYA	23	12645	152	56	PRIMI	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
939	REVATHY	30	12922	156	67	G2P1L1	10	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
940	REVATHY	23	12850	147	48	PRIMI	9	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
941	MUTHULAXMI	28	12857	156	60	G4P3L2	8	N	N	DEC	INC	N	94	N	N	C	H	N	N	N	N	H	PPH	ND	
942	HELINA	19	12860	140	39	PRIMI	9	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
943	SHANTI	26	12894	154	59	G2P1L1	8	N	N	N	N	N	94	N	N	M	H	N	N	N	N	H	NO	ND	
944	RANJITHA	23	12853	147	49	PRIMI	9	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
945	ANJUGAM	23	12454	147	54	G2P1L1	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
946	REVATHY	19	12624	146	42	PRIMI	10	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
947	PRABAVATY	22	12643	152	52	G2P1L1	9	N	N	INC	N	N	93	N	N	C	H	1+	PE	N	N	H	PRE	LSCS	PREV.LSCS
948	RAJESWARI	38	11421	151	66	G2P1L1	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
949	PUSPAM	30	11429	152	57	G3P2L2	8	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	LSCS	PREVLSCS
950	ADAIKALAMARY	32	11460	150	65	G4P2L2A1	8	N	N	INC	INC	N	92	N	N	C	H	1+	PE	N	N	H	PPH/PRE	LSCS	PREVLSCS / PLA PRE
951	JULIETRANI	25	10799	146	49	G2P1L1	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	PREVLSCS
952	SUBASINI	22	11468	132	37	PRIMI	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	CPD
953	SANTHI	29	11467	147	48	PRIMI	12	N	N	N	N	N	97	N	N	C	H	N	N	N	N	H	NO	ND	
954	TAMARAKANI	22	10616	146	49	PRIMI	10	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
955	PARVATY	30	11381	152	66	G5P3L3A1	7	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
956	FATHIMA	25	11475	143	42	PRIMI	10	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	ND	
957	MANIMEGA	18	11442	137	36	PRIMI	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
958	SARANYA	27	11469	149	51	PRIMI	11	N	N	INC	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
959	SANTHANALAX	30	11484	147	57	G3P2L2	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
960	SOUNDARYA	20	11461	146	48	PRIMI	10	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	LSCS	POST.D
961	ANITHA	22	11458	146	45	PRIMI	9	N	N	INC	INCIN	INC	93	AGI	1	C	H	2+	PE	N	N	H	PRE	LSCS	UNFAV CX / ECLAMPSIA
962	LEEMA ROSE	37	11459	152	67	PRIMI	9	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	LSCS	PROM
963	NATHAIBEEVI	22	11509	147	51	G2P1L1	10	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	CPD
964	RAJAMANI	22	11452	142	44	PRIMI	10	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	ND	
965	RAJASRI	19	11605	138	39	PRIMI	8	N	N	N	N	N	93	N	N	M	H	N	N	N	N	H	NO	ND	
966	SELVI	33	11451	151	67	G2P1L1	9	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	ND	

967	SUMATHY	27	11567	158	64	G2P1L1	10	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	CPD
968	KAVITHA	28	11600	153	56	G2A1	9	N	N	INC	N	N	94	N	N	C	H	3+	PE	N	N	H	PRE	LSCS	CPD
969	KAMACHI	25	11631	156	63	G2P1L1	10	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	OLIGO
970	SANGEETA	28	11626	155	65	G2P1L0	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	CPD
971	SHEELA	28	11630	157	55	G2P1L0	9	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	LSCS	PREVLSCS
972	POTHUMPONNU	23	11621	146	46	PRIMI	10	N	N	N	N	N	97	N	N	C	H	N	N	N	N	H	NO	LSCS	OLIGO
973	SAKTHI	23	11507	147	48	PRIMI	11	N	N	INC	N	N	94	N	N	C	H	TRACE	PE	N	N	H	PRE	LSCS	POST.D
974	SHARMILA	22	11638	152	49	PRIMI	10	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	FET. DIS
975	DHANALAXMI	22	11711	147	49	PRIMI	9	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	ND	
976	ANANDI	24	11430	152	58	G2A1	9	N	N	N	N	N	94	N	N	M	H	N	N	N	N	H	NO	ND	
977	RAJESWARI	30	11576	155	69	G2P1L1	9	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
978	PRIYANKA	21	11615	147	42	PRIMI	10	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	CPD
979	GEETHA	25	11726	156	59	G2P1L1	9	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	ND	
980	FATIMA	26	11824	156	68	G3P2L1	8	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
981	VENNILA	28	11453	158	72	G3P2L1	7	N	N	INC	N	N	94	N	N	C	H	1+	PE	N	N	H	PRE	ND	
982	BUVANESWARI	26	11354	143	47	PRIMI	9	N	N	N	N	N	97	N	N	C	H	N	N	N	N	H	NO	ND	
983	CHANDRA	22	11678	145	49	PRIMI	8	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
984	MEGALA	26	12657	152	57	G2P1L1	8	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
985	HEMALATA	23	11656	146	49	PRIMI	9	N	N	N	N	N	96	N	N	C	H	N	N	N	N	H	NO	ND	
986	KALARANI	26	11975	156	56	G2P1L1	8	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
987	CHITRA	24	11803	143	41	PRIMI	8	N	N	N	N	N	93	N	N	C	H	N	N	N	N	H	NO	ND	
988	ABHIRAMI	28	10502	147	60	PRIMI	10	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	ND	
989	VIJAYA	28	10507	148	58	G2P1L1	8	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	ND	
990	SUDHA	31	10513	152	68	G2P1L1	9	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	LSCS	PREVLSCS
991	MAHALAXMI	30	10524	150	63	G2P1L1	8	N	N	INC	N	N	95	N	N	C	H	TRACE	N	N	N	H	PRE	LSCS	PREVLSCS
992	SATYA	19	10522	140	38	PRIMI	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	ND	
993	LEOMARY	28	9478	147	63	G2P1L1	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	PREVLSCS
994	PODHUMPONNU	28	9831	147	52	PRIMI	9	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	LSCS	CPD
995	JAYANTHI	19	10181	141	41	PRIMI	8	N	N	N	N	N	95	N	N	M	H	N	N	N	N	H	NO	LSCS	CPD
996	VAHITABANU	23	9676	143	50	G2P1L1	9	N	N	N	N	N	94	N	N	C	H	N	N	N	N	H	NO	LSCS	PREVLSCS
997	KOKILA	27	10350	147	62	G3P2L2	8	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	LSCS	PREVLSCS
998	DEEPA	24	10457	149	52	PRIMI	9	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	ND	
999	RANJINI	26	10564	154	58	G2P1L1	8	N	N	INC	N	N	93	N	N	C	H	1+	PE	N	N	H	PRE	ND	

###	TAMILARASI	23	10543	150	58	PRIMI	9	N	N	N	N	N	95	N	N	C	H	N	N	N	N	H	NO	ND	

ABBREVIATIONS

- ALARM-Advances in labour and risk management.
- ALSO-Advanced life support in obstetrics.
- CMACE-Centre for Maternal and Child Enquiries
- CNST-Clinical Negligence Scheme for Trusts
- CI-Confidence interval
- OR-Odds ratio
- MEOWS- Modified early obstetric warning systems
- MERC-Maternal early warning criteria.
- MMR-Maternal mortality rates
- More OB-Managing obstetrical risk efficiently
- MDG-Milleneum developmental goals
- NHSLA-National Health System litigation authority
- PROMPT-Practical obstetric multi-professional training.
- SDG- Sustainable Development Goals
- UK- United Kingdom

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